

THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

DECEMBER, 1876.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else —RUSKIN.

Original Communications.

A CLINICAL LECTURE—DIAGNOSTIC VALUE OF ABDOMINAL PALPATION IN PREGNANCY.

BY JAMES R. CHADWICK, M. D.

Fellow of the American Gynecological Society.

(Continued from page 284.)

At the Bedside.—Having first established the longitudinal or transverse position of the fetus, and the period of the pregnancy, the next step is to decide upon the presentation which we may have before us.

Longitudinal Positions.—The *head* is first to be sought for, and will commonly be found, by suitable palpation, over the symphysis pubis; not unfrequently, it lies somewhat to one side, especially in the earlier months of pregnancy, when it is less crowded down into the pelvis by the pressure of the fundus uteri upon the breech. If not discovered over the symphysis pubis, the head must be located in the vicinity of the fundus.

One extremity of the ovoid having been found, the other, the *breech*, is to be sought. It must lie in the opposite vertical half to that in which the head lies.

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The presenting part, whether head or breech, may be above the brim of the pelvis, where it will be freely movable, and easily accessible to palpation; or it may have descended into the pelvis, and become more or less fixed, in proportion to the depth to which it has sunk, and its size relatively to that of the pelvis. In the latter case, the presenting head *may* still be reached by palpation, or often the neck only, which can be recognized by its appearing, when grasped, too small to be either the head or the breech. The bimanual method of examining the presenting part may, in cases of "deep-seated head," be resorted to with success. When the breech has descended into the pelvis, the part seized by the hand is not small, but consisting as it does of the body and perhaps the legs, it is as large and may even be larger than the breech itself.

The remaining regions of the abdomen are then to be explored to determine in which direction the *back* is turned, and in which quarter the small extremities lie. The *back* is commonly directed either to the right or left side of the mother, and may be recognized rather by the greater resistance, imparted by it to the lateral half of the abdomen in which it is located, than by its long, resistant surface being absolutely felt, though this last may often happen. In the opposite lateral half of the abdomen, the limbs are to be sought for, both by deep pressure and by gentle manipulation.

Transverse Positions.—In these the *head* and *breech* are first to be distinguished from each other as they lie in the opposite lateral segments of the abdomen.

The *back* and *limbs* are then felt for, with a view to determining whether the former is turned more to the front or more to the back of the mother. No presenting parts will be detected, an arm or a leg being too small to be appreciable by palpation. All these signs of the position of the fetus may not be elucidated in every case, but enough will almost invariably be made out to enable us to decide upon the presentations and positions, recognized in the classification adopted. The examiner should not, however, be satisfied until he has tried at least to obtain each of the data given above.

Before giving the classification, I must apologize for substituting the English term "presentation" for the exact translation of the German word "lage," which would be "position." This is all the more to be deplored, for "position" (lage) seems to have been specially chosen, because of the importance accorded in Germany to external examination, in which the presenting part plays but a subordinate *role*. The danger of being misunderstood, from the use of the term "position" in a more restricted sense in English and American treatises, seems to justify this change. As no two schools in Germany have the same classification, that used in Vienna will be given, because it is the simplest and best.

The third and fourth occipital presentations, of English and American authors, are designated as abnormal "rotations" of the other two occipital presentations.

After the vaginal examination, in breech presentations, more exactitude is sometimes gained by accepting knee and foot presentations, as subdivisions of the first; very little stress is, however, laid upon this point, as it is devoid of all practical worth. The German names are added, to aid such as may occasionally refer to German text-books.

Classification of Presentations and Positions of the Vienna School.

I.—LONGITUDINAL PRESENTATIONS.

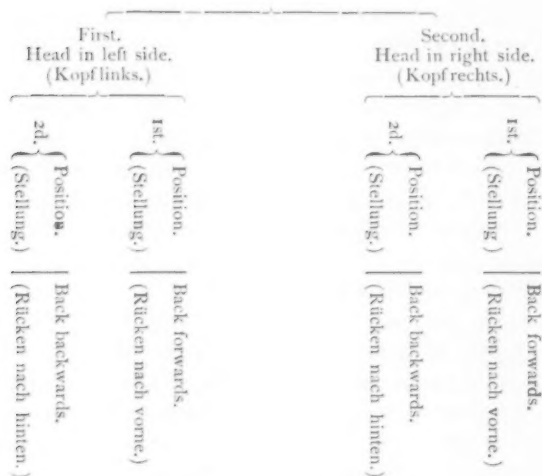
(Längenlage.)

HEAD.—(Kopflage.)				Breech. (Steisslage.)	
Occipital. (Schadellage.)		Face. (Gesichtslage.)			
2d.	1st.	2d.	1st.	2d.	1st.
{ Back toward right side. (Rücken nach rechts.)		{ Back toward right side. (Rücken nach rechts.)		{ Back toward right side. (Rücken nach rechts.)	
{ Back toward left side. (Rücken nach links.)		{ Back toward left side. (Rücken nach links.)		{ Back toward left side. (Rücken nach links.)	

Oblique presentations (*schiefelage*) always change into longitudinal or transverse.

II.—TRANSVERSE PRESENTATIONS.

(*Querlage.*)



It will be observed that this classification and nomenclature are the direct result of the prominence given, in Germany, to the external examination, as all the different presentations and positions can be determined, *exclusively*, from the data thus furnished. From this are the diagnoses made, and then later confirmed, made doubtful, or, in rare cases, refuted by the vaginal examination. The division is extremely simple, and has been proved to give all the indications of real importance in practice. Before reviewing the signs yielded by palpation, in each of the presentations and positions, I must briefly refer to the assistance furnished in this respect by another mode of examination.

Auscultation of the Fetal Heart.—This may be performed, with the ear applied to the integument of the abdomen, through the medium of a sheet, or better still by means of a stethoscope, because this instrument may be applied to any

part of the abdomen, without necessitating a constrained posture or a congested head, on the part of the auscultator; it is open to only one objection, that the woman's abdomen must be laid bare. It has been proved that the fetal heart-sounds are, almost invariably, best heard through the back of the fetus, hence at that part of the abdominal surface of the woman beneath which the back lies. This is based upon the fact that the back is generally forced, by the motions of the fetal extremities, into immediate apposition with the uterine walls, hence the distance through the back to the auscultator's ear is less than through the breast; moreover, a considerable layer of fluid is apt to intervene between the breast and the uterine walls, a condition peculiarly unfavorable to the transmission of sound. This rule has but one recognized exception, though, of course, unusual circumstances may render it unreliable. In face presentations, from the unnatural position of the head, the occiput being pushed back upon the vertebral column, the dorsum of the fetus is separated from the uterine walls on that side, and the breast is thrust forward against them on the other, thus reversing the ordinary condition of things. Here the heart-sounds will best be heard in that region of the abdomen nearest to the breast of the fetus. In all other presentations, the spot at which the fetal heart-sounds are heard with the greatest distinctness will always guide us to the position of the back. If the back of the fetus is directed toward the back of the mother, the heart-sounds will be but faintly audible, if at all. During contractions of the uterus, the fetal heart-sounds are never heard. It will now be seen how auscultation of the fetal heart-sounds will confirm or refute the data, furnished by palpation, as to the lay of the back.

Signs obtained in each of the Presentations and Positions through Palpation and Auscultation.

First Occipital.—Head over the pubes. Breech in fundus uteri. Back in left side of abdomen; small extremities in right. Fetal heart-sounds in left lower segment of abdomen.

Second Occipital.—Head and breech as above. Back and fetal heart-sounds in right side; small extremities in left.

First Face.—Head over pubes, somewhat to left. Breech in fundus somewhat to left. Small extremities in right side, also fetal heart-sounds.

Second Face.—Head over pubes, and somewhat to right. Breech in fundus, somewhat to right. Small extremities and fetal heart-sounds in left side.

Oblique are merely divergencies from one or another of the occipital or transverse presentation; hence the signs will be but modifications of those found in these presentations.

First Breech.—Breech over pubes. Head in fundus uteri. Back in left side of abdomen; small extremities in right.

Second Breech.—Breech and head as above. Back in right side; small extremities in left.

First Transverse.—Head in left side; breech in right.

First Position.—Back forwards. Small extremities backwards. Heart-sounds heard.

Second Position.—Back backwards. Small extremities forwards. Heart-sounds not heard, or but very faintly.

Second Transverse.—Head in right side; breech in left.

First Position as in first transverse.

Second Position as in first transverse.

The Diagnosis of Twins is, in general, very uncertain, and in primiparæ rarely successful. A depression running across the abdomen is rather the exception than the rule, and even if present is not conclusive. Up to the tenth lunar month, the two fetuses are so movable that they yield but few data on which to base a diagnosis. During the tenth lunar month the following signs, if satisfactorily made out, will justify us in pronouncing in favor of twins; yet there is no condition in midwifery which so frequently baffles the skill of the most experienced obstetricians as this:

First. The recognition, by palpation, of several similar large fetal parts (head or breech). Perhaps, while one is deep in the pelvis, two others may be felt through the abdomen.

Second. The recognition, by palpation, of numerous,

small, movable, fetal parts (legs and arms), or their spontaneous motions in several regions of the abdomen.

Third. The exact diagnosis, by palpation, of position of each fetus.

Fourth. The immobility of the presenting part (as revealed by palpation and vaginal examination), especially after evacuation of the liquor amnii, while the parts felt through the abdominal walls are very movable.

Fifth. The perception, by auscultation, of the fetal heart-sounds at two opposite sides of the abdomen, while they are inaudible in the intervening space.

Sixth. A striking want of accord between the presenting part (as revealed by palpation and vaginal examination) and the place of the heart-sounds.

In general, an unusual size of the abdomen, a lateral distention of the uterus, the sensation by the mother of fetal motions in many regions, are signs of subordinate value, but should at least raise suspicions of a multiple pregnancy.

The Signs of Extra-Uterine Pregnancy, revealed to palpation, vary so greatly in different cases that scarcely any rule can be given for them. The chief peculiarity is the presence of two abdominal tumors; one being the fetus with its inclosing cyst, in which, early in the pregnancy, movable, resistant parts may be felt, and later even the position, etc., of the fetus be determined; the second tumor is the uterus, somewhat enlarged, but not so much so as the supposed duration of the pregnancy would require. Until the fetal parts or their motions can be made out, or the fetal heart-sounds can be heard, extra-uterine pregnancy can not be diagnosticated, by external examination, from any other cystic tumor.

Complications of Pregnancy revealed by Palpation.

The Death of the Fetus during pregnancy can never be recognized with certainty, but may be suspected from the following signs: The general flabbiness and want of fixed shape of an abdomen, which had previously been firm and

resistant, as well as difficulty in defining the outline of the uterus; the impossibility of feeling the spontaneous movements of the fetus (very unreliable); the softness and non-resistance of the fetal parts, and their remaining passively in any spot into which they are pushed; the non-ballottement and soft feel of the head. Confirmatory evidence is derived from the fact that the fetal heart-sound, which had been audible to a skilled auscultator, can no longer be detected in any region of the abdomen.

The Size of the Fetal Head relatively to that of the pelvis. This, in all cases of narrow or deformed pelvis, is of the utmost importance, as determining whether the delivery should be left to the course of nature, or whether manual or instrumental interference is called for. The size and hardness of the head may be presumed from the general size of the fetus, and estimated directly by palpation. The head can seldom be fairly grasped, and its dimensions arrived at, except when over the pubes, and even then it requires long and constant practice to enable its size to be calculated with any degree of accuracy.

Hydrocephalus is diagnosticated from the large size, and the absence of the usual hardness of the head, as well as from its remaining above the pelvic brim, in spite of strong uterine contractions, when previous easy births, or an exact measurement, has established the normal dimensions of the pelvis.

Contractions of the Uterus are plainly detected through the abdominal walls, and their character determined. The different conditions of inertia, atony, exhaustion, paralysis, either general or partial, and tetanus of the uterus, during delivery, are thus recognized and appropriately treated. Colicky pains, from contractions of the uterus before the full term, may be distinguished from other similar pains, and proper means be taken to avert a threatening abortion or miscarriage.

Retroversion of the pregnant uterus is commonly first indicated by retention of urine and colicky abdominal pains; on palpation the bladder will be detected, extending often as high as the umbilicus. The uterus will be out of reach.

Rupture of the Uterus, during natural delivery, occurs, according to C. Braun, from the violence of the contractions, and is located transversely at the junction of neck and body. It can only be certainly diagnosticated from the vaginal examination, but may be suspected from the sudden cessation of pains, previously severe; from the great change in the position of the fetus, and the retreat of the presenting part; from the recognition of the contracted uterus as a hard tumor upon one side; and from the greater distinctness with which the fetus, having escaped into the peritoneal cavity, is felt. When the fetus does not thus escape, the fundus uteri commonly falls to the opposite side to that in which the rupture has taken place, owing to the local paralysis of the latter. The abdomen becomes large, and fluids collect in its deep parts.

Tumors, such as fibroids, ovarian cysts, etc. The former will often mar the symmetry of the uterine contour, and may then be carelessly taken for the small extremities, or even a second fetus; their persistence in one spot, in spite of manipulation, and their possible want of accord with the position of the fetus, will dispel the illusion. Ovarian cysts can generally be made out as distinct elastic tumors, separated from the uterus by a well-marked furrow.

Hindrances and Expedients.

Tension of the abdominal walls, when due simply to the unusual dilatation as often happens with primiparæ, may generally be overcome by attention to the details of examination, given in the early pages of this paper. Yet this condition will occasionally prove so obstinate as to render palpation fruitless. Percussion may then be resorted to.

Muscular contractions of the abdominal and uterine walls. The latter are involuntary and unavoidable, unless through the delicacy of the explorer's touch. The intervals between the spasms must then be made the most of. The abdominal muscles are, for the most part, under the influence of the

will, and should but rarely prove an obstacle to their examination. The woman's attention may often have to be distracted by conversation, or better still she should be required to hold her mouth open, or to count in order to prevent her straining.

Hydramnios may cause such distension of the uterus as to interfere seriously with palpation. The uterus will then be large and symmetrical, even yielding fluctuation in extreme cases. The fetus is freely movable, and ballottement easy. The fetal heart-sounds are weak or unheard. Too small an amount of liquor amnii, on the other hand, will allow the uterus to cling to the fetus before the contractions, and enable a long and tedious first stage of labor to be foreseen.

Tenderness of the abdomen is rarely so great as to interfere seriously with careful palpation, though a circumscribed spot may be rendered so sensitive from the continual kicking of a lively child, especially if it be against the ribs, as not to bear the least touch. Cases, of which I have seen one, occur occasionally, in which, at any time during the early months of pregnancy, an hyperæsthesiâ of the peritoneum is excited by spasms of the uterus; many of the local symptoms of a sub-acute peritonitis, such as pain, extreme tenderness on pressure, etc., are present, with entire absence of the constitutional disturbance, effusion, and other diagnostic symptoms of such a condition. The true nature of the affection has never been satisfactorily shown, so far as I can learn. It is pleasant, however, to feel that this state will improve with time and treatment, and have no prejudicial effect upon the regular course of the pregnancy, provided abortion is at the time guarded against. Such a complication would evidently prevent all palpation, as might also a true circumscribed peritonitis, such as is caused by the bursting of the cyst in extra-uterine pregnancy.

Adipose tissue, when deposited in great amount in the abdominal walls, adds greatly to their thickness, and may thus form a serious hindrance to abdominal examination. No change occurs in the uterine walls from successive pregnancies, except a little unevenness of surface in some instances.

Ascites and Flatus may occur during pregnancy and prevent all access to the uterus through the abdomen. They are distinguished from each other by percussion and fluctuation. *Graviditas nervosa* is a form of the latter, which is often met with at the time of the grand climacteric, and may then give rise to much doubt and distress.

You have seen, gentlemen, that while describing the various steps to be taken, I have illustrated my words by a manual demonstration. I have in this way discovered that the fundus of my patient's uterus rises to a point two inches above the navel. I have recognized the head over the pubes a little to the right of the median line; in the left side I am able to trace a continuous resistant surface which I assume to be the back, especially as I find some small, fleeting objects in the right side of the abdomen. If this assumption is correct, I shall hear the fetal heart-sounds most plainly—though but faintly at this early period of pregnancy—at about this spot, which corresponds with the back of the child's thorax. It is audible, but could scarcely be caught by an untrained ear.

The abdominal wall is so thin and lax in this patient that I should not hesitate, with this examination alone, to assert that the woman has reached the seventh lunar month of her pregnancy, and that the child is in the first occipital presentation.

I shall continue this subject, on the next opportunity, by describing the combination of the internal and external examination, and subsequently the application of palpation to the treatment of malpresentation.

BOSTON, MASS.,

CASE OF MAMMARY CANCER.

BY ROBERT BATTEY, M. D.

It is always interesting to be able to follow up surgical cases after they have passed from under our hands, and to note their progress towards the final results. At page 751 of Beard and

Rockwell's treatise on the Medical and Surgical Uses of Electricity, 1875, will be found a partial history of the case of Mrs. H. As this case, in many of its features, is one of more than ordinary interest, it may not be unacceptable to the readers of the Practitioner to learn more of it; and I am, fortunately, in a position to add to the history, having had the case under my observation both before and subsequent to the operative procedures detailed in the work cited.

In the early spring of 1873, Mrs. H., whilst visiting relatives in this place, consulted me in regard to a tumor in her left breast, which was hard and painful, and gave her some mental disquietude. The tumor was as large as a hen's egg, very hard, nodular, the nipple retracted, and a distinct cord passing from it to the tumor. There was an enlarged lymphatic in the left axilla. The diagnosis was scirrhus tumor of the breast, and she was advised to have it removed at the earliest moment. Upon her return to Virginia she applied at once to Professor Cabell, and was referred by him to Drs. Beard and Rockwell, who detail the operative history in their work before referred to.

In consequence of the unfavorable prognosis of the electricians, the patient put herself afterwards in the hands of a cancer quack, who applied caustics quite extensively and perseveringly to the breast, and sloughed off the tissues freely, including much of the pectoral muscles. Under this treatment, her general health and strength gave way greatly; and finding herself in a sad plight she came south, hoping a more congenial climate might recuperate her.

In May, 1875, she came under the care of my business copartner, Dr. Holmes. Her condition was at this time a sad one; her flesh and strength wasted; her appetite gone; her nervous system racked with constant and intolerable pain. A large open ulcer upon the thorax, which could scarcely be covered by a man's hand, and discharging a thin, ichorous pus, was a burden too grievous to be borne. What with sleepless nights and long, wearisome days, life seemed verging to a longed-for close.

She was at first put upon morphia, and the nervous system tranquilized and good refreshing sleep obtained, which, in two weeks' time, presented the case in a much more favorable aspect. Dr. Holmes now prescribed an alterative course of the potassic iodide with corrosive sublimate, allowing sufficient morphia to secure comfortable rest at night. The ulcer soon began to heal, and went steadily on to a full and perfect cicatrization. She rapidly gained strength and flesh, until she now presents the semblance of robust health. All appearance of cachexia is gone; her complexion is clear and ruddy. The appetite is excellent, the digestion good, the bowels regular, and indeed all of her functions are regular and healthy. She is able to do, and does do, household work in all departments. There is now no enlargement of the axillary glands, but beneath the skin upon the chest, and in the subclavicular region, there are scattered about a number of small nodules, varying in size from that of a pea to the dimensions of a small hazel-nut. These are not painful, nor do they progress, rather diminishing in size and number than increasing.

Under this treatment she has become addicted to the use of morphia; but with this allowance she enjoys excellent health and spirits. How long this may continue, the future alone can disclose.

ROME, GEORGIA.

CASE OF PELIOSIS RHEUMATICA.

BY W. T. TAYLOR, M. D.

Mrs. J. C.; aged forty-eight. Her health has been poor for several years. Some ten or twelve years ago she had a severe attack of acute gastritis—I was told—since which time she has had occasional attacks of pain in the stomach, sometimes so severe as to render her incapable of taking anything into the stomach, except articles of the blandest character. She has borne several children; the youngest being twelve or

fourteen years of age. About one year ago I treated her for leucorrhœa, which readily yielded to treatment.

In January last I was called to see her, and found her suffering the most acute pain. On examination, the characteristic eruption of herpes zoster was found extending from the middle of the spine obliquely round the body, and terminating in the left groin, near the inner side of the thigh. The vesicles were distinct, in irregular patches, and passed through the regular course of increase, maturation, decline and termination, in about fourteen days; so that there could be no doubt about the nature of the disease.

The pain, as she described it, began in the spine, and, following the general course of the eruption, terminated in the groin. As already said, the herpes ran the usual course, and terminated in about two weeks; but unfortunately the pain continued, becoming if anything more severe after the cessation of the eruption. She described it as deep-seated, burning, continuous, and so severe as to be almost unbearable. Not one moment of rest could be secured, except as she took opiates. This continued for three or four weeks, and in the meantime everything was tried that would, in any degree, seem to promise relief.

About this time the pain shifted its location, or rather the pain in the track of the eruption became less, while the thigh and leg now became affected, the pain following the course of the great ischiatic and posterior tibial nerves and terminating in the foot. Its intensity was in no wise lessened by its change of location. This continued for, perhaps, three or four days, when the foot and ankle began to swell, and in a few hours were immensely puffed up, pitting on pressure, and very painful to the touch, particularly in the neighborhood of the joint.

The next morning, covering the anterior portion of the foot and lower half of the leg, were dark red, livid or purple spots, more numerous immediately about the ankle-joint, from the size of a shot to that of a silver dime. They did not rise above the surface, the skin preserving its uniform appearance, and remained unaltered under the pressure of the fingers.

They retained this color for two days, became darker, then reddish brown, and finally passed into yellow, and gradually faded out without any desquamation; the whole time of their appearance being eight or ten days.

On the appearance of the eruption the pain and swelling became very much lessened, but did not cease entirely. Indeed, throughout the whole course of the affection, covering a period of six or seven months, was there ever a moment when she was entirely free from pain, or that the swelling entirely left the leg; but from the date of the eruption, the pain left its original seat and localized itself in the foot and leg.

Two weeks passed of comparative freedom from pain, the swelling much reduced. At this time her appetite was better than at any time since the attack, and we were beginning to hope that she had worn the disease out, for nothing she had taken seemed to have done her a particle of good. But we were doomed to disappointment. The limb again began to swell and become painful. The next day the swelling had increased, and the pain was great as ever. In a few hours the same kind of eruption made its appearance. It ran about the same course; its duration corresponding with that of the first.

A third and fourth attack followed; the same interval of comparative ease between; the same set of symptoms following each other with clock-like regularity, so that the patient herself stated she could always foretell an eruption by the pain and swelling. Only one difference was noticed; the swelling, followed by the eruption, gradually extended higher until the fourth or fifth eruption, when the entire limb was implicated.

This continued for months with no cessation, or even modification, of any of the symptoms; the successive attacks and crops of petechiæ following each other every two weeks or thereabouts; sometimes a day or two sooner, and more rarely a day or two later. Toward the last the spots would not entirely fade out before a new crop would take their place. During all this time the patient was gradually losing ground, in spite of iron, bark and stimulants, together with the most nourishing diet, worn down by continued suffering. Finally, on the approach of the cool autumn weather, seven months

after the first attack, a change for the better was noticed. The eruption ceased to make its periodical appearance, the swelling gradually went down, and she began to get strength.

One other symptom I failed to mention. Some weeks before improvement began, the joints of one hand became stiff and much swollen, so that for several days she could not use that hand. In a few days, however, this passed away, and did not return.

On examining the heart, a loud systolic murmur was detected, heard with the greatest intensity at the apex. The irregular pulse, accompanying the heart-sounds, led me to conclude that there was regurgitation through a diseased mitral valve, together with thickening and possibly warty vegetations. Could it be possible, as claimed by not a few distinguished medical writers, that these morbid conditions are the result of small fibrinous masses becoming detached from the valves of the heart, and passing into the small arteries, and even into the capillaries, by which congestion is set up followed by stagnation and coagulation of the blood, and all the consequent changes such coagulated blood is liable to undergo in the living body? Or, again, could such conditions be the result of softening and breaking up of fibrinous masses into a finely granulated material, by which the blood would be poisoned? But if these symptoms be the result of either of the above pathological causes, why the periodicity that was present throughout? And if this periodicity was the result of malaria, why should it not yield to quinia and arsenic, which were pushed to the utmost limit of safety?

While believing that the whole series of symptoms were in some way dependent on the morbid changes in the heart, I will leave the above questions to be answered by some gentleman better able to solve them. One or two more questions: Was the first eruption shingles? And if so, were the subsequent eruptions in any way connected with, or dependent on the first? Were the last eruptions purpura rheumatica? And if so, can it be that this disease is dependent on heart disease?

FISHERVILLE, KY.

CASE OF DISLOCATION OF THE HIP REDUCED
BY THE USE OF THE FULCRUM.

BY J. H. POOLEY, M. D.

Professor of Surgery in Starling Medical College, Columbus, Ohio.

In the April and September numbers of the American Practitioner for the present year, I was very much interested in two short communications by Dr. George Sutton, Aurora, Ind., on the use of the fulcrum in the reduction of dislocations of the hip. The principle there advocated struck me as being sound and rational, as well as exceedingly simple, and the illustrative cases seemed very convincing. I determined upon the first opportunity that should occur to put it to the test of actual trial, and having done so I am more than ever convinced that it is a most valuable addition to our resources in dealing with this sometimes very troublesome class of injuries. And as every actual trial of a new expedient in surgery is of value in settling the usefulness of the proposed improvement, and as I feel it to be due both to the profession and to Dr. Sutton, that, for a time at least, all the cases in which his method is employed should be recorded, I publish the following account of my case:

October 19, 1876, I was requested by Dr. A. Dunlap, of Springfield, Ohio, to see, in consultation with him, a case of dislocation of the hip, in which he had failed to effect reduction after a fair and repeated trial of the ordinary method of manipulation. The patient, the wife of a farmer residing near Catawba, Clarke county, Ohio, about fifteen miles from Springfield, had been thrown from a wagon the day before—October 18th—about four o'clock in the afternoon, and sustained a dislocation of the left hip. She had been first seen by Dr. John Clark, of Mechanicsburg, who had been unsuccessful in his attempts at reduction. Dr. Dunlap had then been sent for, and had made repeated attempts to reduce the hip, but

also without success. All these attempts had been by manipulation; pulleys had not been used.

I arrived at the house early on the morning of the 20th, about three o'clock. I found the patient—a spare, nervous woman of thirty-three—in bed, suffering considerably from pain, and severely from nausea, the result of chloroform which had been administered on several occasions.

The left limb was an inch and a half shorter than its fellow, the foot very slightly everted, and the head of the bone could be plainly felt in front of the ilium, just above the acetabulum. Dr. Dunlap informed me that the dislocation had been primarily on to the dorsum ilii, and the present position of the head of the femur was the result of the last manipulation. It had been found, on manipulating it, to be extraordinarily movable, and had been carried once or twice into the thyroid foramen, and also up on the ilium just above the acetabulum, in which situation I found it. In fact it would go almost anywhere except into the right place. Dr. Dunlap said that he had carried it right across the acetabulum on two occasions, and as he did so, he felt a distinct crushing crepitus, but it went over, and not in. His belief, which I presume was correct, was that a portion of the lip of the acetabulum was broken off, and as the head of the thigh-bone was brought up against this broken portion, it was forced before it, and partially filling up the acetabular depression, prevented it from going in, and guided it over on to the other side instead.

I directed, according to Dr. Sutton's plan, a firm cylinder to be made, by tightly and evenly rolling two sheets, which was three inches in diameter, and about two feet in length; it was firmly tied round with narrow strips of bandage to prevent it unrolling. The patient was now anæsthetized with a mixture of alcohol, chloroform, and ether, and laid upon a firm, narrow mattress, laid upon the floor. The cylinder, prepared as described, was now placed across the upper part of the thigh in the groin, and firmly held at each end by an assistant; over this, as a fulcrum, Dr. Dunlap made the manipulations, while I attempted to follow the excursions of the bone with

my fingers. Drs. Clark and Newcomb, of Mechanicsburg, Drs. Beach and Hunter, of Catawba, and Dr. C. W. Dunlap, were also present and assisting. The first two attempts failed, as I very plainly saw, from not fully carrying out the principle involved in the use of the fulcrum; that is by abducting the knee before complete flexion of the thigh over the cylinder had been accomplished. The first time the head of the femur lodged in the thyroid foramen; the second time at the top of the ilium, where it was when we began; it had skirted round the base of the acetabulum, without rising to its level, much less going into it.

The third trial, in which the principle of the fulcrum was deliberately and thoroughly carried out, was perfectly and speedily successful. The thigh was slowly and fully flexed on to the abdomen over the fulcrum, the head of the bone was lifted up to a level with the acetabulum, and when the knee was abducted, and the motion of bringing the thigh down barely commenced, it slipped in with a distinct snap; the limb was found to be restored in length and position, and the dislocation was reduced. A broad, firm, pelvic bandage was applied, and the patient returned to bed.

This may almost be looked upon as a test case for the new method. Ordinary manipulation had been tried by skillful hands, in which it had never before failed; and I think that there can be little doubt that Dr. Dunlap's explanation of his failure was the correct one. What was wanted then was some means by which the head of the femur could be carried up to a level with the top of the acetabulum, and thus prevented from pushing the broken acetabular rim before it; this was found in Dr. Sutton's method, the obstacle was overcome, and the reduction accomplished.

It seems to me, therefore, that we are indebted to Dr. Sutton for a valuable improvement; and I do not know a more beautiful and philosophical piece of practical surgery, than the reduction of a dislocated hip by Reid's manipulation performed over Sutton's fulcrum.

DANGEROUS SYRINGES.*

BY JOSEPH R. BECK, M. D.

Perhaps there exists no better way to point out the danger that lurks in the use of some of the common appliances of surgery than to illustrate the risks we run in their employment by the relation of typical cases of injury resulting therefrom. It has frequently been noticed and stated by shrewd observers that the ordinary female syringe is occasionally, and, I may safely add on my own account, semi-occasionally demonstrated to be a perfect magazine of mishaps and danger.

It has several times occurred to me in practice that uterine colic has followed the use of the female syringe so commonly and universally employed; and I have been accustomed for the last three years, when ordering syringes for patients, to have the instruments brought to me for inspection before using. When so submitted to my hands, I have invariably, with a splinter of wood, plugged the aperture in the end of the barrel, if it were an ordinary piston syringe, or the opening in the end of the female tube, if a Davidson or other bulb instrument. Since taking this precaution, my case-book has not recorded a single accident to any of my patients from the use of a syringe.

I conclude, therefore, that cutlers and instrument-makers generally would confer a great and lasting favor upon physicians, if they would manufacture their female syringes without a perforation in the distal extremity. To remedy any impediment to the flow of the fluid which might possibly arise from the closure of the end aperture, the manufacturer could easily perforate the side of the tube or barrel at one or more additional points.

That accidents arising from this source are more common than is generally believed, I am sure; and I only expect in

* Read before the Allen County (Ind.) Medical Society, October 3, 1876.

this relation to continue to further sound the alarm, and call the attention of the profession again to a danger of which it has frequently been reminded, by the relation of a case which recently came under my notice.

On the 9th of last July, I was telegraphed to come to Lancaster, Ohio, to see, in consultation with Dr. G. W. Boerstler, of that place, Mrs. M. E. E——, a resident ordinarily of Cincinnati, but at this time, in accordance with her usual habit, spending her summer at the former place. I reached Lancaster on Monday morning, July 10th, at ten o'clock, and immediately saw the patient. She was suffering from general peritonitis, involving the endometrium and the cystic mucous membrane, and, in the face of the most profuse exhibition of opiates, was suffering the most atrocious pain that can be imagined. A vaginal examination revealed, in addition to the ordinary symptoms of peritonitis, a laceration of the cervix uteri, and, deeming this to have been the *fons et origo mali*, directed my inquiries so as to ascertain its manner of production.

It seems that the patient was yet in the puerperal state, her baby, which was her second one, being only three months old. Her first labor, which had occurred nearly four years prior to the last, had been very protracted; but by the advice of her accoucheur, whom I shall call W——, nature was allowed to take her own good time, and the process was concluded without injury to mother or child. This accouchement was followed by a good "getting up." In her last labor, owing to the absence of her regular medical attendant, the services of another individual, whom I shall call Z——, were obtained. The latter party was duly informed of the protracted nature of the first labor, but he probably found some degree of dilatation present, and very improperly, in my opinion, gave ergot, while the labor pains had suffered not the slightest diminution. Of course the uterine spasm was reinforced to an intense degree, and the fetal head was driven through the cervical canal with such celerity that the cervix was lacerated

from the internal to the external os as completely as if the operation of "discission after Sims" had been done.

Here a hiatus occurs in the history of the case, which may be bridged over by the remark that the "getting up" this time was not at all good, and the patient, not convalescing as rapidly as was anticipated, went out of the city earlier in the season than usual, feeling quite badly. At this point we can again resume the history of the case.

For a number of weeks after her arrival in Lancaster, Mrs. E—— noticed that she was subject to a constant but slight sanguinous discharge from the vagina, which occasioned her more annoyance and inconvenience than positive alarm. On the occasion of a visit from her husband, only a short time before her last attack, she mentioned this state of affairs to him, and requested him on his return to Cincinnati to see her regular physician, and have some medicine sent her to check the discharge. This errand Mr. E—— did, and a solution, presumably a weak one, of sulphate of zinc was sent up, with directions to use it as a vaginal injection. The directions were followed but once by the patient, when a sharp uterine pain admonished her to desist. The application had been made with a Davidson bulb syringe, and in less than two hours thereafter she had a rigor and a hemorrhage, small in amount it is true, but *from the urethra*. The day following she was the subject of a *second urethral hemorrhage*, amounting to perhaps three or four ounces, which was closely followed by a second rigor.

She now consulted Dr. Boerstler, who placed her upon the tincture of the chloride of iron, and no more hemorrhages occurred. This description carries the case up to July 11th, on which day the general peritonitis, which had been gathering intensity for several days, became almost unmanageable and absolutely terrific, and immense amounts of morphia were exhibited to hold the pain in check. Poultices were applied to the abdomen, and the other necessary treatment was had.

After I saw and examined the case on Monday, as the inflammation was still running riot, light cloths wrung out in

almost boiling water were substituted for the heavy poultices, chloral hydrate for the morphia, and a large vaginal douche of very hot water ordered. This douche was applied several times for all of a full hour at each time, with the same Davidson syringe, but with the central orifice plugged up. It was productive of a great amount of good. She also had ten grains of sulphate of quinia each evening, and received large amounts of nutritious food, mostly nitrogenous.

I left the patient on the following Thursday morning on the high road to convalescence; but I have since then been advised by Dr. Boerstler that her recovery has been very much retarded by an intense pain in the abdomen, which recurred each evening with great persistency, and which he was disposed to attribute to the forming of a pelvic abscess. In this I dissented, and advised the free use of the iodide of potassium internally. I have since learned from a brother of the patient, under date of August 23d, that she was fully recovered, and had returned to her home in Cincinnati the day before.

There exists not the slightest doubt in my mind that all this trouble arose from the injection matter being sent, by reason of the lacerated cervix, directly from the tube of the syringe into the uterine cavity; and it is even possible that some of the fluid penetrated one or both of the fallopian tubes, and thus reached the cavity of the peritoneum. Patients have no idea of the propelling force which they employ when using these bulb syringes; and with the central vent open, a lacerated cervix, and patulous fallopian tubes present, it is necessarily quite easy to inflict untold damage ignorantly.

I relate this case, as I have before said, only to put others on their guard against using a stream directly against the os from a syringe with a central orifice, and to ask that manufacturers will so amend this abomination as that their instruments shall become perfectly safe, even in the hands of the most ignorant.

FORT WAYNE, IND.

SUCCESSFUL EXCISION OF THE KNEE-JOINT UNDER UNFAVORABLE CIRCUMSTANCES.

BY JOSEPH EASTMAN, M. D.

Thomas Collins, aged eleven years, was admitted to the Indianapolis City Hospital, March 25th, 1876. As consulting surgeon of the institution I saw him in less than thirty minutes afterwards, and found him in the following condition, caused by a fall between the wheels and belts of a rolling-mill: Dislocation of the femur on dorsum of the ilium, and deep contused wound over inner condyle of femur and head of the tibia of the left leg. The right thigh presented an immense laceration of the quadriceps extensor, sartorius, and abductor muscles, their lower two-thirds having been entirely carried away. The femoral artery protruded from the flesh and fascia some three inches, it having been severed near the apex of Scarpa's triangle. There was very little hemorrhage; the pulsations of the artery were very weak, reaction not having taken place sufficient to wash out the clots.

Previous to my arrival, Dr. Smith, one of the superintendents of the hospital, had given the patient an unusual amount of stimulants, and continued their use internally and externally. As reaction was brought on, the internal clots began to escape from the proximal end of the lacerated vessel, necessitating the immediate application of compression over the the ramus of the pubis.

There was no question as to what was to be done. Accordingly as soon as the temperature in the axilla came up to 97° F., he was brought under the influence of chloroform, and I reduced the dislocated femur by manipulation, and amputated the lacerated limb by the circular method at the junction of the upper with the middle third of the thigh.

We had no further trouble with the stump of the right leg or the dislocation; but in spite of our early and constant pre-

ventive treatment, the contused wound on the inner side of the left knee set up acute suppurative arthritis, with all its accompanying evils, reducing the patient very much.

On the twenty-first day after the amputation a consultation of the hospital staff, Dr. Walker, and others of the city, was had, and all agreed that life with no legs would be very undesirable, and that excision of the knee-joint offered a faint hope. I expressed my willingness to undertake what seemed to all present the nearly hopeless task of saving the limb by the operation referred to. The patient was again brought under the influence of chloroform. I excised the joint by the transverse incision, carefully removing the patella and all fragments of ligamentous structure. I avoided going beyond the epiphyseal junction on both femur and tibia, that the subsequent growth of the limb should not be interfered with. The leg was put up in a plaster-of-paris gutter, the boy placed in bed, and given every chance of life afforded by egg-nog, milk-punch, beef-tea, quinia, strychnia, iron, etc., for two months, at the end of which time his limb was firmly united, straight, and healed completely. He soon began to walk with the aid of crutches, and withal seemed to enjoy life quite well.

I report this case simply to place on record one more case of excision of the knee-joint in a case that promised very little, believing that very many limbs are removed which could be saved by timely and careful excision. I do not believe many cases occur where the powers of life are lower at the time of operating, or where the result is ultimately more satisfactory. Dr. Ashhurst, in a very able and complete article in the transactions of the College of Physicians of Philadelphia, for July, 1876, reports ten successful cases of excision of the knee, and not one failed. Dr. Hodge, in the same volume, reports two in which the result was most satisfactory. For a complete description as to the best mode of operating, I would refer to the reports of Drs. Ashhurst and Hodge.

WHISKY IN TRAUMATIC TETANUS.*

BY EZRA READ, M. D.

Michael N—, of Terre Haute, a young machinist, had the palm of his hand slightly lacerated between the thumb and forefinger by a piece of railroad iron. The wound healed completely in six days. Fifteen days after the injury he was seized with trismus and tetanic spasms. When I first saw him his tongue had been wounded; he lay upon his back with jaws firmly fixed; the cervical muscles rigid, pulse 112 and small. He was comfortable in the absence of spasms, which came on every twenty to forty minutes. Opisthotonos was constant, but increased during a convulsion. These symptoms gradually increased, except the pulse-rate, which ranged from 100 to 110. The disease reached its height about the nineteenth day, the patient suffering with pain between the shoulders, in the neck and spine, loins and scrobiculus cordis, having a most painful expression of countenance. In this condition he remained without fever for thirty days, when the convulsions gradually ceased and the muscles relaxed. During all this time his family declared he had no sleep: this statement should be received *cum grano salis*. The treatment consisted in the administration of three grains of calomel in one grain doses daily, and five grains of quinia four times a day for five days, the quinia being directed more to the malarial influence, as he had had several chills before the tetanus supervened. I gave hydrate of chloral for three days, which lessened the frequency of the spasms; but fearing the cumulative tendency I substituted whisky instead, of which he drank three pints daily; he called for it constantly, and was really drunk from day to day. During all his illness I gave him animal broth, beef-tea, and corn-meal gruel. He is now well, but very stiff in the hips and back. I am now fully persuaded that the whisky brought about the cure, and think that tetanus is not a mortal and incurable disease.

TERRE HAUTE, IND.

* Part of a paper read before the Tri-State Medical Society, October 22, 1876.

Reviews.

Practical Treatise on Diseases of the Eye. By ROBERT BRUDENELL, CARTER, F. R. C. S., Ophthalmic Surgeon to St. George's Hospital, etc.

This book is from the pen of an able scholar and teacher, "whose aim"—see author's preface—"in the preparation of its pages, has been to place before the profession, in a concise and readable form, a general view of the present state of knowledge with regard to the nature and treatment of the more important diseases of the eye." He further states: "I have not thought it necessary to dwell minutely upon maladies of rare occurrence, or upon details which are interesting only to specialists; neither have I attempted to achieve that kind of completeness which is produced by undigested compilation.

. . . . The book contains but slight reference to modes of practice of which I am unable to speak from experience."

Every page bears evidence of a sound judgment, a large experience, and an unusual practicality on the part of the author. In support of the above view, we will quote a few sentences from the fifth chapter: "Surgical mechanics have provided us with instruments in almost infinite variety, but the hands take precedence of them all, and deserve our earliest and most careful consideration. It was said by many that an ophthalmic operator must spoil a hatful of eyes before he cures one. As the instruments of any period are a fixed quantity, and as adequate knowledge concerning when and why to operate, may be obtained by attentively observing the practice of others, it is manifest that the hatful of eyes must be a sacrifice offered up to the training of the hands. A familiar maxim of political economy is that all learners spoil a portion of raw material. This maxim expresses one of the verities

of life; and a surgeon who learns to operate by using the eyes of human beings to begin with, and by thus in time gaining manual dexterity at hap-hazard—gaining by sheer practice the power to do things well which he at first did badly—although he may eventually become skillful, obtains his skillfulness at an unwarrantable cost. Instead of seeking such dearly bought experience, it is better first to consider carefully the nature of the mechanical acts which are to be undertaken, and then to see how far, and by what means, the hands can be trained to the possession of the qualities required of them."

The author advocates the operating frequently on the eyes of the inferior animals, until one has acquired a large degree of ambidexterity before a human eye is operated on; this "will render the accidents which may result from awkwardness unlikely, if not impossible."

The qualities of hand which are combined in an accomplished eye operator may be summed up under the following heads, each of which will demand a brief consideration:

"First. A high development of what is called by physiologists 'muscular sense;' the faculty by which we feel and estimate the degree of force we are exerting, either in pressure or traction. Second, the power of uniting two hands in consentaneous movement, and of directing the intelligence to them simultaneously; so that they may work smoothly and harmoniously together as a single organ for the attainment of a common object, and may both at once be equally under the control and governance of the will. Third, the power to employ the left hand, indifferently with the right, for the guidance and use of cutting or other instruments. Fourth, steadiness."

On the subject of instruments, after speaking about the many useless ones which have been produced, and "which are the representatives of inventive awkwardness," he says:

"But in all ages and countries the bad workman has complained of his tools, and the good workman has produced the most varied results by the most simple means. A man who is very awkward, and whose awkwardness is perpetually bringing him to grief, hits upon a contrivance by which he hopes

that this natural result may be in some degree obviated. He calls his contrivance an invention; and, like those persons of whom it is said that their glory is in their shame, he is often somewhat proud of it. Many surgeons of great and deserved repute have invented each but a single instrument, such as a Beers's knife or a Tyrrel's hook, chiefly because they have struck out some new procedure for which new appliances were indispensable. . . . The safest man is he who never invented an instrument in his life, but whose daily practice affords evidence that he can use those which have been invented for him by others."

We would like to quote further from this chapter, which is a long one, and which is full of practical suggestions, but space will not permit.

Chapter VII is also full of useful hints and suggestions, and would well repay the superintendents and medical officers of our charitable institutions for its perusal. A few words from this valuable chapter are as follows:

"The history of contagious ophthalmia in a charity school is usually, that the disease has been introduced in some accidental manner, probably by a new inmate, whose conjunctivitis escaped observation and quarantine. It would find a large portion of the children with follicular granulations, the result of insanitary conditions, some of which were perhaps unavoidable. . . . The surgeon to the school may not at first fully appreciate the gravity of the crisis with which he has to deal, or he may not have enjoyed sufficient opportunities of studying diseases of the eye to be perfectly conversant with all the conditions which should guide his treatment. One child after another goes into the infirmary with 'bad eyes;' and the cases increase in number and severity week by week. At first it has often happened that some indiscriminating plan of treatment has been adopted, and that its application has been intrusted to some careless or incompetent person. Under such circumstances the bad cases go wrong, and the mild cases are discharged from the infirmary half cured, with mischief still lurking in their palpebral folds,

to spread contagion among the playmates and themselves to undergo relapse. Matters proceed from bad to worse; the whole establishment becomes saturated with contagium, nurses and helpers suffer, many eyes are lost, and a public scandal is created. Then, at last, a specialist is called in; and is too often asked to banish the epidemic, notwithstanding the continued existence of all the causes which have fostered and perpetuated it."

The author then goes on to speak of the segregation of the affected ones, and the thorough and systematic disinfection of the building and its contents, and urges upon officers the importance of examining the palpebral folds of the conjunctivæ before discharging a patient as cured. Had such an examination been made during our late war many recruits would have been rejected, hundreds of eyes would have been saved, and hundreds of thousands of dollars would thereby have been saved which are now used on pensioners; and one might further add that fewer cases would have been scattered over our land as nuclei for the dissemination and propagation of granular ophthalmia; which disease, as all are aware, has vastly increased since the commencement of our internecine war.

On page 306, while speaking of the diagnostic symptoms of cataract, the author relates an incident which ought to convince those who lay so much stress on, or who attach so much weight to the fact of one's having been *abroad*, that the fools are not all confined within the limits of the United States, but that the metropolis of the world has its full share of asses. He says: "As far as I know, there are only two conditions which could by any possibility be mistaken for cataract in early life; and these are, first, glioma of the retina; and secondly, a deposit of lymph behind the lens. Some years ago a child was brought to the Kent County Ophthalmic Hospital (of which I was in temporary charge), who presented a whiteness of the pupil; the child had been taken to another hospital a day or two previously, and there the mother had been told that there was cataract, and that, it being then December, a needle operation must be performed in the ensuing spring.

On close examination I found that there was no perception of light; that there was increase of tension; that the iris was pushed forward into contact with the cornea, and that the almost primrose-colored, opaque, homogeneous surface seen through the pupil was manifestly behind a clear lens. These conditions indicated the presence of a morbid growth within the eye, and enucleation was performed without delay, the tumor proving to be a glioma."

On page 469, while speaking concerning the diagnosis of various anomalies of refraction with the ophthalmoscope alone, he says: "For my own part, I not only claim no such power, but am certain that I do not possess it; and I greatly doubt whether some of those who claim it, do not deceive themselves."

It is the opinion of the writer that not only do some deceive themselves, but that many others publish gross fabrications concerning their powers in the above named direction. And of the certainty of the correctness of this opinion, I have frequently proved by subsequent examinations of patients, under atropia, after they have been examined by others claiming to be experts in the use of said instrument.

On page 480, in his remarks upon muscular asthenopia, he mentions a case, that of a young man brought to him by his father for an examination ophthalmoscopically, in order to throw light on an obscure and intractable brain disease. He was suddenly attacked while reading for honors at Oxford, with symptoms which an Oxford practitioner attributed to some grave affection of the brain, and was advised to throw up his work and to leave the University. He then consulted an eminent London physician, who confirmed the former opinion given by the Oxford physician, and prescribed a period of complete brain rest, and a voyage to Australia, as the best means of obtaining it. The patient went, and when he returned he was told that "he must abandon the idea of succeeding to his father's large commercial undertakings, and that he must also abandon a marriage engagement which he had contracted prior to his break-down. In other words, his

prospects in life were blighted, and his despondency was commensurate with his misfortunes." The author found it to be nothing but a case of myopia = $\frac{1}{8}$, and insufficiency of the internal recti muscles. A pair of spectacles was all that he needed. These were given him; he was allowed to marry; and he returned to the author in three weeks declaring himself to be quite well. He was also seen two years subsequently, when he stated that he had never been troubled more with the "brain disease."

The American edition of this work is by Dr. John Green, of St. Louis, Mo., who is in every way equal to the task which he has so well performed. The book is replete with valuable information, and but few practitioners would fail to procure it could they once glance at its pages.

J. L. T.

Transactions of the Texas State Medical Association, Eighth Annual Session, 1876.

If we were called upon for the most substantial evidence we could give of progress in the American medical profession, we should unhesitatingly point to such volumes as the one before us emanating from our various state medical societies. This is one which reflects honor upon the state from which it proceeds, not only as a literary and scientific performance but as a triumph of typography. Its mechanical execution is admirable, showing that the useful arts are keeping pace with medical improvement in our remote settlements.

The president's (Dr. Brown) address was carefully prepared, and contains important statements. He says the profession of medicine is growing in the confidence and esteem of the people of Texas, which is the natural result of its manifest advancement in skill and intelligence. He bears hard on the medical schools that resort to "the artifices of trade" to secure students, and make "the manufacture of doctors so dis-

gustingly easy." We doubt the advantage of popularizing medical knowledge, and of educating the people in the principles of medicine, as he proposes; for it is our observation that the readiest dupes and most active abettors of quackery are the persons who have a smattering of medical science, which is all that the masses can possibly acquire. Nor have we any hope of his obtaining help from the legislature, "wrestle" with it as he may, in behalf of the regular profession. Texas will hold on, as older states have done, to the principle of showing no preference by law to any school of medicine. The spirit of Dr. Brown's address is excellent, and its effect upon the profession and the people of his giant young commonwealth will be healthful. In style it would bear toning down decidedly; and the sensible author, when he comes to review his discourse, will see that its force would not have been impaired if he had spoken in simpler language and a calmer tone. Plain words, rather than the pomp of oratory or high flown language, befit medical subjects.

The eucalyptus globulus is treated of elaborately in a prize essay by Dr. Richard Bibb, but without giving any of the author's experience or deductions respecting the new remedy.

Dr. John H. Pope has a carefully prepared report on the progress of medicine, confining his review to the former year, and giving a list of remedies lately introduced into the pharmacopœia. He alludes to the direction which medicine in our day, much more decidedly than ever before, is taking toward the prevention of epidemic diseases, over which when they break out we seem to have very little control. Nothing could exhibit our profession in a light more truly noble than this devotion to preventive medicine. In so far as we succeed in our endeavors, we diminish our professional income; but such a thought, so far from influencing the labors of physicians, has hardly entered their minds. The fact is one which challenges the admiration of mankind.

The report on gynecology, by Dr. Thomas D. Wooten, is founded on his individual observation and experience, and has the advantage of presenting independent views on all the

questions of practice to which he refers. The report will be read with great interest by practitioners.

Not much of novelty or interest is brought out by Dr. W. J. Burt, in his short report on the anatomical and physiological differences between the white and negro races.

The reports of Dr. J. R. Taylor and Dr. J. T. Norris, on climatology and epidemics, are too brief to afford much information. That by Dr. A. H. Kilpatrick on indigenous medical resources, is more substantial. From the account given of cockle-bur (*Xanthium strumarium*), that familiar plant would appear to have decided therapeutic powers. According to Dr. Kilpatrick, it is a vesicant, an antidote for snake-bite, a styptic, and is good "in all affections of the kidneys or bladder." A doubt of its efficacy is apt to start up in the mind when any remedy is so much extolled. But let this be tried as a diuretic in strangury, scalding urine, and other urinary troubles, as proposed in this report.

Five cases of diphtheria are reported by Dr. T. J. Heard; and his history is followed by a paper on dislocations of the shoulder, by Dr. Greenville Dowell, illustrated by several good wood-cuts. A case of lithotomy is reported by Dr. W. H. Park; and Dr. Eads reports miscellaneous cases, which are of value as increasing the statistics of medicine and surgery. Drs. Murphy and Long relate a case of cystitis, in which they used injections of nitrate of silver with success; and a case of sessile polypus of the meatus urinarius in a female, removed by the bromide of potassium and tannin, is reported by Dr. T. J. Heard. Cases are related briefly by Dr. G. W. Holcom and Dr. T. D. Manning, and three interesting cases of imperforate hymen are reported by Dr. S. R. Burroughs. Dr. Kilpatrick gives two remarkable cases of retention of the fetus after death, to which Dr. A. E. Ford adds one of a similar character; in none of them did the health of the mother suffer. A case of double vagina is reported by Dr. J. W. Fennell, in which, before labor could be accomplished, he was obliged to divide a septum between the passages, which he did with a curved, probe-pointed bistoury, and the child was safely de-

livered by the natural efforts. Meteorological tables conclude this volume of transactions, of which we take leave with the remark that it shows the medical profession of Texas to be capable of great things. Forty years ago, when that territory became free, there was hardly a medical society in the United States that could boast of a volume of transactions in every way so creditable as this.

L. P. Y.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. VON ZIEMSEN.
Volume VI, Diseases of the Circulatory System; and Volume XI, Diseases of the Peripheral Cerebro-Spinal Nerves.

The portly volumes of this great work continue to appear at short intervals, and fully sustain its reputation. Eight authors were engaged on the sixth volume, which contains upward of a thousand pages, including an ample index. Six of these are professors in as many German universities—Rosenstein, Schrötter, Lebert, Quincke, Vogel and Wagner; the other two are Dr. Bauer and Dr. Steffen. The eleventh volume was written by Professor Erb, of Heidelberg.

As this work has been in progress, the question has often been asked—Why, when we have so many able works in our own tongue on Practice, should we go to Germany for another? There is this manifest advantage in it, that it enables our physicians to view therapeutics from a foreign stand-point; it shows them the opinions of men abroad, admitted to be as learned, as thoughtful, as laborious as any in the world. And then, divided as the labor has been, the work is far more thorough than it could possibly have been made by a single author. It will form in itself, when completed, a library on the subject; and while it will not supersede the treatises of American and English authors on the practice of medicine, it will be studied with reference to points relating to medical science, which are necessarily discussed in them with less fullness. It undoubtedly makes one of the most valuable of all the contributions made in latter years to the literature of our profession.

The Medical Men of the Revolution. An Address before the Alumni Association of Jefferson Medical College. By J. M. TONER, M. D. Philadelphia, 1876.

Dr. Toner is placing his professional brethren under great obligations to him by his generous efforts to rescue from oblivion the names and services of the early physicians of America. Some years ago he favored the profession with biographical notices of the medical men who flourished before our war of independence; in the address before us, forming a volume of one hundred and forty pages, he gives us an account of those who were concerned in our revolutionary struggle. In both he has brought to light many incidents in the medical history of our country which will be read with interest by all physicians. The extent of the services rendered by the members of the profession to their country, outside of their profession, is, we believe, not generally understood even by physicians themselves. It is not generally known that "there was scarcely an office, civil or military, that at some time a physician did not fill," as is made to appear by the author of this address.

The address is not a eulogy, but a calm, historical record of names, dates and facts in biography, showing a patience and industry of research of which few physicians in our country are capable. It gives the names of twelve hundred physicians who participated, directly or indirectly, in the war, and of thirty-six who held official rank in the army. Of these the most illustrious fell at Bunker Hill; but there were others who, living longer, rendered greater services to the cause than Warren. It was a physician—Dr. Ephraim Brevard—who drew up, at Charlotte, in North Carolina, the famous declaration of independence, which preceded by a year that of Mr. Jefferson. But we must refer our readers to the address itself for other instances.

We acknowledge our obligations to Dr. Toner for this charming little book, and we thank him especially for introducing into it the following letter from Washington to one of his generals: "A few days ago I received a very polite letter

from Dr. Boyes, surgeon of the fifteenth regiment (British), requesting me to return him some valuable medical manuscripts taken in the brig Symmetry. He says they are packed in a neat kind of portable *library*, and consist of Dr. Cullen's Lectures on the Practice of Medicine, thirty-nine or forty volumes; Cullen's Lectures on the Institutes of Medicine, eighteen volumes; Anatomical Lectures, eight volumes; and Dr. Black on Chemistry, nine volumes, the whole in octavo. If they can be found I beg that they may be sent up to me, that I may return them to the Doctor. I have no other view in doing this than that of showing our enemies that *we do not war against the sciences.*"

L. P. Y.

Salicylic Acid—The Experience of Maine Physicians in its Use.

Reported by HENRY GERRISH, M. D., of Portland.

In a pamphlet of fifteen pages, reprinted from the Transactions of the Maine Medical Association, the following diseases have been treated with this comparatively new remedy: Acute rheumatism has been cured by doses of seven to ten grains every hour or two, the fever and swelling usually subsiding within forty-eight hours. One case of chronic articular rheumatism treated successfully by doses of the acid from one to two drachms daily; also several cases of subacute rheumatism entirely relieved by doses of seven to ten grains every two hours. Rheumatic neuralgia yielded readily to its use; but lumbago and sciatica would not. One case of chronic diarrhœa apparently cured by its use. Locally it has been used with more or less success in diphtheria, pharyngitis, gangrene, cystitis, etc. It causes no serious derangement of the stomach, but has an effect somewhat similar to quinia in causing a ringing of the ears. It is usually given in wafers, but also in water, with borate of soda to facilitate the solution.

A Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, the Prostate Gland, and the Urethra. By SAMUEL D. GROSS, M. D., LL. D., D. C. L., Oxon, etc.

This is the third edition of this work, by the veteran Professor of Surgery in the Jefferson Medical College, and appears revised and edited by Dr. Samuel W. Gross, the son of the learned author, who, with the industry of the father, has rewritten much of the work, and brought it fully up to the knowledge extant on the subject. It has been so long before the profession that no extended review of it would be admissible; and it has been so well received that it needs no recommendation to the medical profession. Every surgeon in the country will deem it necessary to his library, and every physician who has a troublesome case of urinary disease will consult it with advantage. On whatever subject Dr. Gross writes it is well understood that he is exhaustive, so that the reader may expect to find in this treatise all of value that is known to the profession touching the affections considered in its pages.

Yellow Fever and Malarial Diseases, Etc. By GREENSVILLE DOWELL, M. D., Professor of Surgery in Texas Medical College, etc.

Dr. Dowell has written from experience in this monograph, having, as he informs us in his introduction, treated in hospitals and in private practice over two thousand cases of yellow fever. He believes that the disease can be treated successfully, and has written on the subject for the instruction of the people as well as the profession. His work is illustrated by two chromos, exhibiting the appearance of the skin, liver and intestines in the worst cases. The author accounts for want of system in his treatise by explaining that it was written and published at different times; and in collecting the several memoirs together, he deemed it unadvisable to change them. It will be looked into with interest by all physicians who are likely to encounter yellow fever.

Clinic of the Month.

TREATMENT OF ACUTE RHEUMATISM BY SALICIN.—Dr. T. Maclagan, in the *Lancet* of October 28th, speaks as follows of the treatment of acute rheumatism by salicin:

In my original paper on the subject,* the following conclusions were given as the result of my then experience of the remedy: First, we have in salicin a valuable remedy in the treatment of acute rheumatism; second, the more acute the case, the more marked the benefit produced; third, in acute cases, its beneficial action is generally apparent within twenty-four, always within forty-eight, hours of its administration in sufficient dose; fourth, given thus at the commencement of the attack, it seems to arrest the course of the malady as effectually as quinia cures an ague, or ipecacuanha a dysentery; fifth, the relief of pain is always one of the earliest effects produced; sixth, in acute cases, relief of pain and a fall of temperature generally occur simultaneously; seventh, in subacute cases, the pain is sometimes decidedly relieved before the temperature begins to fall; this is especially the case when, as is frequently observed in those of nervous temperament, the pain is proportionally greater than the abnormal rise of temperature; eighth, in chronic rheumatism, salicin sometimes does good where other remedies fail; but it also sometimes fails where others do good.

A further experience of the remedy has confirmed me in the accuracy of these conclusions. In not one case of acute rheumatism have I found salicin fail to produce a speedy cure of the disease. I have, therefore, nothing to add to, nothing

* *Lancet*, March 4th and 11th, 1876.

to detract from, the conclusion, "that, given in sufficient dose at the commencement of the attack, salicin seems to arrest the course of acute rheumatism as effectually as quinia cures an ague, or ipecacuanha a dysentery."

The point to which, in this communication, I would direct special attention, is the dose which should be given :

Dose.—What I said on this point in my former paper was as follows: "The dose of salicin is from ten to thirty grains every two, three or four hours, according to the severity of the case. Fifteen grains every three hours is a medium dose for an acute case. It is very possible that less might suffice; for I have not tried to find the minimum dose. It is very certain that a much larger dose may be given without producing discomfort."

Further experience has led me to the conclusion that it is well to give the larger dose; and that the best way to get the full and speedy benefit of the remedy is to saturate the system with it as quickly as possible. The more speedily this is done, the more speedily are the fever and pains subdued. I now, therefore, give the salicin to adults in a dose of twenty to thirty grains every two hours; in very acute cases I give that quantity every hour till pain is relieved. With relief of pain, sleep returns, and the hourly dose can not be adhered to. But it is well to give twenty grains, at least, every two hours during the day, till the temperature is down to the normal. For a week afterwards the same dose should be given four times a day. Salicin is an excellent bitter tonic; in my experience as good as quinia, and not apt to disagree as the latter is. I have always found cases of acute rheumatism treated by it convalesce very rapidly; treated in the old way, convalescence from that disease is a slow and tedious process.

I am specially anxious to call attention to the necessity for giving salicin in large and frequently repeated doses, because, in some of the cases which have been reported in the journals since my original paper was published, the dose given was too small to produce benefit. To give "from thirty to sixty grains

per day" is to do justice neither to the patient nor the remedy; and to report a case in which such a dose was given as one indicating the "inability of salicin to arrest the disease," is to draw an inference which is unwarranted by the facts, and which tends to throw unmerited discredit on a remedy whose ability to arrest the progress of acute rheumatism has already been demonstrated in numerous cases. A case of acute rheumatism which gets from thirty to sixty grains in twenty-four hours—*i. e.*, an average of less than two grains in the hour—receives practically no treatment, and is of no value as evidence either for or against salicin.

The conclusions to which I have come with reference to the action of salicin on the cardiac complications of acute rheumatism are:

First. That given sufficiently early and in sufficient dose, salicin prevents these complications.

Second. That its free administration is the best means of staying their progress after they have occurred.

Third. That such general treatment does not exclude the usual local measures—leeching, poulticing, etc.

Fourth. That the beneficial action of the salicin on the heart ceases when the temperature falls to the normal.

Fifth. That salicin is powerless to remove the effusion which remains after the fever has ceased. To touch the gums with mercury, slightly but quickly, I regard as the most hopeful means of attaining this end.

It is right that I should add that my experience of salicylic acid leads me to regard it as having much the same action as salicin, as an antipyretic and antirheumatic. All that I have said of the alkaloid I believe to be equally applicable to the acid. The advantage of the former is that it is an excellent bitter tonic, and never causes troublesome symptoms; except in some rare cases such tinnitus aurium as results from a two or three grain dose of quinia. The disadvantage of the latter is, that it generally causes irritation of the throat, and frequently induces sickness; in one case I found it give rise to troublesome irritation of the bowels.

TREATMENT OF SPASMODIC STRICTURE OF THE OESOPHAGUS.—
Dr. Morell Mackenzie, London Medical Times and Gazette,
October 21, gives the following :

Whenever the cause, whether of constitutional or local origin, can be discovered, it should be removed. All reflex sources of irritation—especially those connected with the gastrointestinal and uterine systems—should be most carefully sought out, and, if possible, got rid of. The nervous system must be braced up by moral, as well as by hygienic and medicinal agencies. It must not be forgotten that the hysterical disposition prevails in by far the largest number of cases. The mind should, if possible, be kept employed by regular and interesting occupation, or by change of scene and travel. Certain nervine tonics are specially valuable, such as the valerianate of zinc. I generally give it in combination with assa-fetida, but it acts very well alone.

The dietary in these cases is of the greatest importance. If the spasm is very severe, thickened liquids should be given; and it is well to bear in mind that warm drinks are much less apt to bring on spasm than cold ones, and in nine cases out of ten if the drink is sweetened it is better borne. Many patients discover these circumstances without medical advice. Gradually the food may be thickened, and panada* may be allowed. If the case progresses favorably, the patient will be able to return by degrees to ordinary diet. Stimulants should not as a rule be allowed, and all *piquant* food should be prohibited. It is the greatest mistake to force these patients to take solid food. They may sometimes be tricked out of their malady when it is slight and recent, but rough measures always fail.

As regards local treatment, much can be done with the continuous current. The electrode should be introduced into the

*Panada is generally made of chicken or some white meat, but mutton and beef may be employed. The essence of the meat should first be extracted, and the residue reduced to the finest pulp. The whole should then be mixed together and passed through a fine sieve. It should then be heated, and in the case of invalids should be served with fresh gravy.

œsophagus at least once a day, and kept in position as long as the patient can bear it. I generally use a ten or twelve-celled battery. The application should be made soon after a meal, so that a considerable time may elapse between the treatment and the next time of deglutition. The muscles should also be galvanized externally. This treatment generally requires to be continued for some weeks or months. Sometimes great benefit, and indeed a complete cure, may be obtained by passing bougies. It is best to use an instrument with a metallic or ivory knob, and, if possible, to keep the extremity of the instrument opposite the seat of spasm. This treatment affords relief in the same way that passing a sound sometimes relieves irritability of the neck of the bladder. I have never obtained any satisfactory results from the application of stimulating or astringent solutions to the œsophageal mucous membrane. It has already been pointed out how easily those cases dependent on flatulent dyspepsia can be cured. It must not, however, be forgotten that in a large number of instances the dysphagia is a mere fancy, there being, in fact, no spasm. By passing a bougie and assuring the patient that there is no obstruction, such persons may sometimes become aware of the groundlessness of their sensations, but they are often more difficult to cure than true spasm.

ON AN AUSCULTATORY SOUND. — Dr. Ralph W. Leftwich, *Lancet*, October 14th, has the following:

The application of mediate auscultation to the detection of stone, though not new, has hitherto, I believe, been confined to the somewhat awkward expedient of placing a stethoscope upon the hypogastrium while the sound is rotated in the bladder. The "auscultatory sound," here described, is in many respects an improvement upon this. It consists essentially of an india-rubber tube, one end of which is provided with an ear-piece and the other stretched over the handle of a sound. The tube should be about twenty-five inches in length, and of a quarter of an inch bore. It must be composed of extremely soft and moderately thick india-rubber. The sound, itself should

be of solid steel; and, although the ordinary form answers very well, it is a decided advantage to have the extremity of the handle cylindrical or conical, so as to preserve the lumen of the tube. The ear-piece, made of vulcanite, is similar to that of a Grüber's otoscope or a Stern's stethoscope; it is intended to be inserted into the meatus, and maintains its position there best if bent to an obtuse angle.

Thus constructed, the instrument will be found to conduct sonorous vibrations with remarkable intensity and delicacy; indeed, the lightest rub on a polished surface can be heard with ease. In using it, it is necessary that the ear-piece be inserted into the meatus with sufficient firmness to retain its position there without being held. The sound should be held lightly between the finger and thumb and manipulated in the usual way; the grating noise, however, is so distinct that the tapping movement occupies a secondary place, and is of most use in refining the diagnosis and in distinguishing between a calculus and a deposit on the walls of the bladder. The value of the instrument in the simple detection of calculus is tolerably evident, but there can be little doubt that, with practice, its sphere of usefulness will be much extended.

CASE OF TRANSVERSE FRACTURE OF THE PATELLA TREATED BY A NEW METHOD.—W. T. Grant, M. B., of the Royal Infirmary of Edinburgh, (*Edinburgh Medical Journal*, October,) shows the principle of this new method by relating the following case:

J. R., aged fifty-six years, laborer, was admitted to the surgical wards, Royal Infirmary, August 7, 1876, suffering from transverse fracture of the patella, the result of indirect violence, there being also bruising of the knee on which he had fallen at the time of the accident. After an interval of two days to let the swelling subside a little, under Mr. Bell's sanction the limb was put up in the following manner: The leg was packed on an inclined splint, extending from the heel to near the gluteal fold; the lower fragment was then firmly fixed in position and steadied by a strap of plaster passing

right round the leg; a semilunar splint of Hyde's poroplastic material was now carefully modelled to the thigh, just above the margin of the upper fragment, and this held in position by two stout pieces of strapping, the whole being surrounded by a few turns of a convergent spica bandage.

After allowing the splint to "set," I now took two steel hooks (about the size of those used by Malgaigne) and fixed them firmly into the splint, one on each side of the patella, the hooks being connected with a steel chain about three feet long; this was attached to the ordinary pulley-extension apparatus with a weight of nearly four pounds. On allowing this to act, the upper fragment was at once felt to be drawn closely down, while the lower remained in position, and after twenty-four hours the approximation had so gone on that only with difficulty could the line of separation be felt; now it is just recognizable by a line of thickening running across the bone. The patient suffered no discomfort, except at first a sense of dragging, which soon passed off. This method seems to me to present the advantage of being comparatively painless, while exact apposition of the fragments may be obtained by the use of a moderately applied force, which is not so great as to inconvenience the patient by pressure on the joint or by limiting movements conducive to comfort in bed.

Since using the above, I am glad to see in the August number of the *Dublin Journal* that Dr. Hornbrook, in America, has been using the same principle of continuous extension by means of straight strips of plaster passing above the patella, with which he has got excellent results, bony union being obtained in all his three cases.

CALLOUS FORMATION IN THE NOSTRIL.—Dr. C. Ritter, of Bremervörde, in the *Memorabilien*, August 24, 1876, relates the following case:

A man sixty years old presented himself to me, who wished to be relieved of an obstruction of the left nostril. For about sixteen years he had not been able to breathe through the left nostril. There flowed from it continually a clear, badly

smelling fluid, and upon pressure a thick, offensive mass of a purulent appearance emptied itself from the nose in various quantities. The interior part of the nostril was entirely filled with this thick, offensive, coherent, purulent matter. After this it was not likely that one would expect to find a polypus; a bony formation was found, from which small pieces were removed with the forceps before the whole mass could be extracted. These pieces combined, presented the imprint of the nasal cavity. The open cavity to which the flat-formed excrescence had been attached was entirely filled with this purulent matter. The extent of the plate in length and breadth was one and a half centimeters, and the thickness nearly a centimeter. I believed now that the specimen was a necrosed nasal bone, incrustated with a chalky substance. After remaining some time in muriatic acid the outer surface of a foreign body was visible, resembling the incrustated mucus itself. Every time muriatic acid was applied there was evolution of carbonic acid from the pieces of the yellowish mass. The microscopical appearance showed a similarity to the mucous discharge. In about a week the last slimy flakes were dissolved, and on the inner portion of the foreign body I found a reddish colored cherry-stone, easy to cut, and within it was found the true kernel. Every part of the cherry-stone was permeated with that same abominable odor of the nasal discharge.

CAUSTIC PROPERTIES OF BROMIDE OF POTASSIUM.—M. Perant states—*Archives Générales*, October—that he has obtained excellent results from the bromide of potassium, either in powder or in concentrated solution, in certain ulcerating tumors of the maxillary bones. Repeated cauterizations have destroyed the pathological tissues without causing pain in the adjacent parts.

Notes and Queries.

AN OLD MEDICAL THESIS.—Many a medical student, who intends to be a candidate for graduation next spring, is just now vexing his mind with thoughts as to his thesis, and with work upon its preparation. The Christmas holidays will bring him little recreation, for all leisure time must be given to this labor, which he thinks so important. Lo! the hundreds of reams of paper that have been the receptacle of the crude thoughts of medical students, or of the carefully culled extracts from standard authors in medicine, and the thousands of bolts of ribbon, that have been consecrated upon the venerable altar of theses! Alas, if the anxious workers should know what fate awaited these best productions of their brain or pen, in all probability never entirely read—possibly not even glanced at—by any one but themselves, how quickly many an ambitious hope would perish. In our old medical colleges there are hundreds or thousands of these forgotten relics, time sprinkling dust upon their pages, eating away their once fair characters, and remorseless moths devouring their faded ribbons, or irreverent mice chipping silks and paper for beds of parturition and nurseries—masses measured by bushels, by boxes, by piles only fit to “be cast as rubbish to the void.” And what has been will be. As are now the theses of past years, so will be those of 1877.

A few of our medical colleges have wisely abolished the rule requiring these exercises of the medical student's knowledge, or of his transcription, but most of them run in the old ruts, and uphold a “custom more honored in the breach than in the observance.” And, therefore, the mass of our American medical students must pass into the state of doctorhood bearing the cross of a thesis as a mark of fitness.

But suppose their productions were required in Latin, how the anxiety we have alluded to would be turned into dire consternation. It is not probable that fifty per cent. of our medical students have ever studied Latin at all, and of that number not ten per cent. could claim to have been well instructed in Latin composition. It might be a comfort for those incompetent to endure this severe test, to think that possibly some of their teachers were not themselves latinists; indeed if the truth must be told, the doctor is to be envied who has not more than once found a professor in a medical college who was not even a respectable English scholar, who could neither speak nor write his mother tongue correctly, and who would be promptly rejected as a teacher in a common school. Medical schools now and then prove to be uncommon schools in one respect, at least.

We have been led into this train of thought by having before us a Latin thesis written in 1771, by Jonathan Elmer, M. B. Dr. Elmer was one of the few who, in Philadelphia, June 15, 1771, received the degree of M. D., Professors Morgan, Shippen, Kuhn and Rush, being members of the faculty. With only four theses a thorough perusal was highly probable, and with such a corps of teachers absolutely inevitable. The thesis being in Latin, *dissertatio medica inauguralis*, was no concealment to men of the classical learning these men had; some of them, indeed, having themselves testified that learning in Latin theses when graduated at the University of Edinburgh.

Dr. Elmer dedicated his dissertation to Benjamin Franklin, *viro perillustri*, and to his son, William Franklin, the Governor of New Jersey. He was then twenty-six years of age, but had already made some mark as a writer by a criticism, in 1767, of Dr. William Shippen's theory of the choroid being the immediate seat of vision; by an essay the same year on the motion of the heart; and by another on the different constitutions of the air and the diseases connected therewith, in 1769, for the American Philosophical Society, of which society he became a member in 1772, Dr. Franklin being the Presi-

dent. Knowing these facts in his history, we look with increased interest at this printed pamphlet of twenty odd pages of well-written Latin, in its production antedating five years the Declaration of Independence.

The subject of the dissertation, putting it in plain English, is the Causes and Remedies of Thirst in Fevers.

The author could draw not only from Hippocrates, Celsus, Boërhaave, Hoffman, Whytt, Sanctorius, Von Swieten, and Mead, but did not disdain Quintillian, Cicero, and Lucan.

We do not care to have our readers follow him through his ingenious reasoning as to the causes of thirst in fevers; the acrimony of the blood, and the increased irritability of the nervous system, playing an important part. When he comes to discuss treatment he observes: *Tolle causam, cessabit effectus*, in philosophia aphorismus est celeberrimus et argumento nostro aptissimus. Of course, therefore, remove the fever and the thirst will cease. But where this can not be done, or while it is being done, relieve the thirst.

First in his list of remedies he places pure water, and quoting from Baron Von Swieten's Commentaries a case of the successful use of this agent cold, gives a half-way endorsement of cold drinks in fevers—a wonderful admission and advance for 1771. Then follow as remedies acidulated drinks, acescent liquors, ripe fruits, neutral salts, anodynes, anti-spasmodics, and the list is concluded with *epithemata* and *enemata*.

Dr. Elmer returned to his Jersey home, and entered upon the hard life of a country practitioner, making his rounds on horseback. He became eminent in his profession. Dr. Rush remarked of him, that in "medical erudition he was exceeded by no one in the United States." He bore an honorable part in the Revolutionary struggle, and after a while, in consequence of feeble health, abandoned practice, and worthily filled important positions, both legislative and judicial—the former not only being state but national. Some of his descendants are now worthy successors to his medical honors and labors, living almost in the daily view of his grave, and working in the same field where he lived his useful life.

The earliest recollections of our own childhood are identified with the scenes where Dr. Elmer's professional labors had been performed; and in the dim distance of forty years the sluggish creek, the slow vessels following its wearisome windings, loitering, lingering in its seaward journey as if loth to leave its muddy banks, with their ragged edges black and shining with the tide's ooze; the level marsh, the sandy soil over or through which wheels noiselessly move; the peaceful calm and stillness; a few miles off the small, sleepy village of Greenwich, that in its infancy long ago was expected to be a formidable rival to Philadelphia, and that ought to be as memorable for the burning of obnoxious tea in 1774 as Boston for casting it into the water, and that is memorable as the birth-place of one of the most illustrious of physicians, Dr. George B. Wood—all seem more like a vision from "*Dreamthorpe*" than a page from memory. But we are wandering where our readers can not accompany us.

Have we any regrets that the Latin theses have ceased? Nay, let the English, too, become a thing of the past. But let us by no means discourage classical culture on the part of medical students. Greek and Latin they ought to have, not in full college measure, but only half, giving the rest of the time that ordinarily is devoted to these studies to German and French, and instead of the higher mathematics let them learn to use the pencil and the brush. When will wiser views of education take possession of teachers, and needed reforms be made? All grades of learning should be but stepping-stones in the individual's pathway—equipments for his special work in life. Those who are looking forward to the different learned professions, should have their educational paths diverge much sooner than they do. Life is short, and preparation for its special and highest duties should be commenced much earlier than it is. When the reform indicated is accomplished, we will have better preachers, better lawyers, and better doctors, even though the last may not be able to write inaugural dissertations in Latin.

INDIANA, ILLINOIS AND KENTUCKY TRI-STATE MEDICAL SOCIETY.—This society held its second annual meeting in the court-house in Vincennes, Ind., on the 21st, 22d and 23d of November. The attendance was good, and the papers read, and the discussions elicited by them, were very interesting.

Dr. Smith, of Illinois, read a paper on Ergot. This remedy, he stated, is becoming one of the most popular medicines in use; and that in 1807 he believed its use was as well understood as an excitant to uterine fibers, by many eminent practitioners, as it is at the present time. The writer gave his own and others' experience of ergot, in hastening tardy labor, preventing ante-partum and post-partum hemorrhage and abortion. After mentioning a number of diseases in which ergot is used, he said: "There is one other malady in which ergot has been given with results that would almost warrant me in ascribing to it specific powers. The malady I refer to is morning sickness of females. Some twelve years ago I ascertained that ergot would put a stop to this vomiting at any time from the first month to the end of pregnancy, and I have given it in every case I have had, and have not been disappointed in its use, nor have I ever seen labor induced when given for this trouble. The fluid extract is given in ten to fifteen drop doses three times a day."

An animated discussion arose at the conclusion of this paper as to how the remedy could both produce and prevent abortion, and as to its physiological action in arresting vomiting. The explanation was that ergot wisely given contracts bleeding vessels, thus removing the cause of abortion; when given in larger doses it induces contraction of the uterine fibers, and thus the expulsive overcomes the retentive force of the uterus. Its *modus operandi* in allaying vomiting was explained by its action upon the uterine fibers, contracting them and lessening the caliber of the vessels, relieving any irritation, and thus arresting the sympathetic symptom. An inquiry was made as to when one should cease administering ergot in a case of threatened abortion, so as to produce contraction of the vessels and not the expulsive efforts of the uterus.

The only rational answer given was to administer cautiously, see the patient frequently and watch carefully.

Dr. J. W. Compton, of Evansville, Ind., read a paper entitled "Solution and Absorption of Medicines: a plea for Digestible Medicines." It was asserted that many medicines have always been, and still continue to be, administered in indigestible forms, and that the gastric and intestinal juices are unable to dissolve them so that they may be absorbed and produce their intended therapeutical effect. This view was maintained by citing cases. One patient vomited twenty-four recently made quinia pills, which had remained in the stomach from one to five days; another passed pills from the bowels which had remained in the alimentary tract the same length of time. The conclusion was, that loss of time and loss of life must necessarily result on account of the administration of insoluble medicines.

Following this paper was one by Dr. Ireland, of Louisville, Ky., giving a thorough resumé of gynecology and obstetrics, out of which grew quite a discussion as to whether chloroform is applicable in all cases of labor, and also whether anæsthesia should be complete. Drs. Smith of Vincennes, Compton of Evansville, Mitchell of Terre Haute, and Professor Byford of Chicago, participated in the discussion. Drs. Smith and Compton, having met with frequent cases of alarming hemorrhage following the relaxation produced by this remedy, do not, as a rule, administer it unless requested by their patient. Dr. Mitchell had never seen hemorrhage follow the use of chloroform during labor. He had used it, until within the last few years, in almost every case occurring in his practice since 1849. He favored complete anæsthesia. Prof. Byford thought there was no danger when the agent was properly administered. His method was to give the patient a handkerchief saturated with chloroform, and allow her to hold it and inhale the vapor till her hand fell, thus giving it in a small quantity, not desiring to produce complete anæsthesia unless in the last stage of labor, or in a primipara, under which circumstances it did not usually decrease the expulsive force.

In operations during labor it is necessary to produce complete anæsthesia. He had seen no bad effects follow the use of this agent, and in cases where the indications are that hemorrhage will occur, give ergot conjointly with the chloroform. Ether, if used, will have to be administered in larger quantity and for a longer time.

Dr. B. Tauber, Lecturer on Laryngoscopy, Rhinoscopy, and Diseases of the Throat, etc., in the Miami Medical College, Cincinnati, Ohio, read a paper "On the Local Treatment of the Larynx." He exhibited to the society the laryngoscopic case, devised by him, containing the instruments necessary to make topical applications to the larynx. It contains a three inch concave reflector, with Krämer's head-band, six laryngoscopic mirrors, an insufflator, with Schroetter curve, a brush for the larynx, and also one for the pharynx, a laryngeal cauterizer and sound, a tongue depressor, two powder-boxes, two bottles for solutions, and a crucible. Price, twenty-five dollars.

Dr. Byford delivered a most useful and interesting address upon the deleterious influences operating upon girls in the second decade of their lives. He first spoke of the importance of this period in life, of the differences, physical and mental, between man and woman, and of the peculiar responsibilities and sufferings belonging to the latter. Are the requirements which society makes of girls, as to education and as to social life, calculated to secure to them healthy womanhood? The girl at about ten years, needing abundant exercise in the open air, is kept in the house, arrayed in fine clothes, sent to school in a crowded room, overworked mentally, too great lessons are assigned, and she is admonished not to "loiter" on the way on her return home at the close of school. Physical development is thus arrested. At the age of fifteen she is sent to boarding-school to complete her education; fifty per cent. are more or less injured by the discipline inflicted, and often return home invalids. They are subjected to physical restraint; just so many hours are allowed for study, usually too many; so many for sleep, and usually

too few; so many for walking, for singing, for praying, for attending church, but no time for unrestrained frolic and fun; their enjoyment is of a kind suitable for the aged, tending to curb the spirit of youth, and not to develop it. Who is to be blamed? Not the proprietors of boarding-schools; society demands it; the more rigid, the more popular the school.

The dress and toilet of the fashionable young girl are unnatural and unhealthy. She must be corseted, corded, bustled, pulled-back, padded, etc.; twenty-five per cent. of breathing-room is encroached upon; three-fourths of all the muscles are cramped. Society demands it; society is everybody. Does a healthy woman exist? Unless there is a reform in the hygienic conditions relating to woman, she will soon become "traditional," a thing of the past.

The accomplishments which society demands of a young lady are a smattering of French and Italian, music, dancing, etc.; all soon forgotten after marriage. Does it pay to compromise health for these attainments, if they be so classed? What is gained? Husbands. Young men allow their fancy to control them, and later regard woman as an expensive luxury. Give girls a sound education, and a change will take place in these matters. The men of this country work harder than those of any other country. With woman the reverse is true. Useful labor is the only source of true happiness. Reform the training of our youth; the laws of health should be made known to the masses. This knowledge must be disseminated by the medical man; he must remove these great evils, if it is ever done. As we value our services to our fellow-men, so we must expose the damaging habits of our fellow-men. We need a hygienic "Moody," one who, by his voice and pen, can arouse the masses to a sense of their duty, and bring them back to their original state of health and consequent happiness. Until we accomplish this, the medical profession can not claim that its mission is fulfilled.

The address of Dr. J. W. Thompson, of Paducah, Ky., the President of the Society, was chiefly historical, and was remarkable not merely for the learning displayed, but also for

the philosophic spirit which informed it. He made a brilliant contrast between the fame of two of the most eminent of Kentuckians, the sage of Ashland and the surgeon of Danville—Henry Clay and Ephraim McDowell; that of the former gradually lessening with the lapse of years, from the fact that it was identified with policies and issues that were transitory in character; while that of the latter increases with the progress of medicine. McDowell, by devising and executing ovariectomy, has added three thousand years of active life to woman. We shall not attempt a synopsis of the address, which delighted all who heard it, and reflected so much honor upon the author and his state.

Dr. J. O. Stillson, Jr., of Bedford, Ind., read a paper on European Medical Education as compared with American. After a few introductory remarks, the following question was propounded: "What, then, are our universities and their graduates in comparison with those of other countries? what is the standard of merit, the actual worth, the dignity of the practitioner in the United States, when compared with those of Germany or France?" In order to answer this question it will be proper to consider the following points: First, the European student of medicine, when he enters and when he leaves lectures; second, the methods of teaching and the time required; third, the position of the doctor of medicine in society; fourth, is their example worthy of imitation, and have we a right to claim help from legislation in favor of whatever endeavors may be made? On the continent the learned professions stand on the same level, and are open only to students who pass rigid examinations in Latin, Greek, Mathematics, Chemistry and Natural Philosophy. The learned bodies are of one accord in insisting on thorough preparation before entering medical lectures. Professors Von Jaeger and Billroth have expressed themselves of this opinion, for the following reasons: "By compelling the student to make preparation for the sake of admission as a matriculant, he acquires the methods and means of research in the ever-inexhaustible fields of science; he acquires the respectable habits of thinking and study, so neces-

sary to him as a student. Medicine thereby becomes attractive, and offers itself only to those who really have a talent and a capacity for its pursuit. This advance having been made, his progress in lectures is so much the more rapid that the usual term of five years might be very much shortened, and thereby be real economy in the end." There are those who shrug the shoulders and shake the head at the thought of a physician needing a liberal or classical education; and argue that the medicine of the educated man will of itself fail, let it do its best, when the grim specter of the hour-glass and scythe crosses the threshold, and when the angels come for little Johnnie; and that all the Latin of Celsus, or the Greek of Hippocrates, will not throw off a diphtheritic membrane or restore a too long neglected enteritis.

The requirements upon the continent are not so much those of time nor age, but actual merit and ability to undertake and prosecute the study of medicine. They are not averse to the admission of ladies when they pass the same tests upon the same terms as gentlemen. Ladies are seen as students of medicine at Zürich, Berne, Göttingen, Vienna and Paris. During the session just closed, there were twelve young lady students at the *Ecole de Médecine* in Paris, and one young lady from America was interne at the *Pitié*.

The Doctor then enumerated the various examinations for each year of the five years' course, and the laws which govern the practice of medicine in Europe; and stated that reform in the teaching and practice of medicine in our own country was necessary, for the scores of doctors graduated were far in excess of the demand; and many were practicing within the borders of Indiana who had never attended a medical lecture; men who can not describe the simplest chemical reaction or the most essential physiological law, whose knowledge of therapeutics goes no farther than a half-dozen formulæ gotten from some antiquated volume of Domestic Medicine, whose libraries consist of a few volumes, and who rarely see a medical periodical. Medicine has to do with the dearest interests of man, with the sorrows and joys of individuals and of house-

holds, with life and death. Let us, therefore, pray for reform in our colleges, reform in the profession, and for help from our law-makers, that candidates from all schools of medicine be required to obtain license to practice after having been subjected to trial before proper examining and licensing boards. The laws and principles of justice and humanity demand it; and the weal and woe of the many is of far more importance than that of the few.

Dr. William Dickinson, of St. Louis, Mo., a specialist in that city in ophthalmology for about twenty years, was present, and by invitation read a paper upon "The Functions and Affections of the Third Cranial Nerve." These were well illustrated by the narrative of a most interesting case, presenting all the chief manifestations of lesion of this nerve, viz., ptosis (paresis of the levator); strabismus divergens (paresis of the internal rectus); inability to rotate the globe upward (paresis of the superior rectus), or to rotate downward (paresis of inferior rectus); mydriasis (paresis of ciliary nerves, enervating the circular fibers of the iris); and loss of power of accommodation (paresis of ciliary nerves, enervating the ciliary muscle). The hearing of the patient, a man of about thirty years, was greatly impaired, and observably during the last year. The faculty of vision was not impaired, for when tested by means of a perforated card, he could read even the smallest print. The senses of taste and smell were unaffected, nor was the sensibility of the fifth cranial nerve, nor its motor functions, in any degree impaired. All the cranial nerves on the right side retained their normal exercise. He never had suffered from injury to the head, but had syphilis ten years since, and was then believed to have been cured; at least he has suffered from no subsequent symptoms. A brother, much his senior, died of apoplexy at about the age of fifty years.

The present affections supervened suddenly upon awakening one morning, after having contracted a severe cold; the ptosis first, and the others in immediate succession. Since all the subdivisions of the third nerve, including the inferior

oblique, were affected, and these divisions taking place immediately upon the escape of the nerve into the orbit, the lesion most palpably resides in the sphenoidal fissure, or at some point in its course between its origin in front of the pons varolii and the sphenoidal fissure, or at its origin, probably in the corpora striata. Of all the cranial nerves the third is more liable to paresis or paralysis than any other, except the abducens (sixth); and of the former the superior branch animating the superior rectus is the one most frequently met with. Rheumatism is the most fruitful cause of paralysis of the latter, and is the most amenable to treatment by a brisk cathartic and the ordinary antidotes of the general disease. The most frequent of intracranial causes is pressure, from tumors of great variety, especially those of syphilitic origin. Serous or sanguineous effusions are also common causes; and if the trunk be affected all its distributions must consequently suffer. Among other causes may be enumerated effusion into the ventricles, concussion of the brain, basilar meningitis, certain narcotics, tubercular deposits, syphilitic nodes at the base of the brain.

Peripheral disease from the last cause is the most common, and there is generally orbital periostitis as well. Von Gräfe thinks that about one-third of the cases of paralysis of the third cranial nerve are due to this cause. Having made the diagnosis that pressure was the cause of the symptoms presented, the treatment has been chiefly pot. iod. in full doses; hydrg. bichlo., hydrg. prot. iod., and the use of galvanism, after the manner employed by M. Benedikt, of Vienna. The continued current is by him preferred, and must not be prolonged usually beyond one-half minute, at each sitting. He says: "In most cases a curative action was only produced when the excitement was relatively weak, and when no trace of muscular contraction was produced. The proper measure of the strength of the current is always furnished by the sensitiveness of the fifth pair, yet the intensity of it must be such as to produce a slight sensation in the parts affected."

In mydriasis the copper pole should be placed on the closed

eyelid, and the zinc pole over the neighborhood of the cheek-bone. In ptosis the copper pole may be either on the forehead or may be applied by means of a short catheter-like rheophore to the mucous membrane of the cheek; while the zinc pole is drawn over the lid. And to act upon the internal rectus or superior oblique, the zinc pole must be drawn over the skin of the side of the nose, near the inner angle of the eye, while the upper is on the forehead or in contact with the mucous membrane of the cheek. Under this treatment, perseveringly pursued, the patient has nearly recovered from all the affections enumerated.

Dr. George W. Burton, of Mitchell, Ind., read a paper on Puerperal Peritonitis, taking the position that there was no such disease as a "specific puerperal fever;" that the doctrine of "epidemics" can not be sustained; that the disease so called may arise from a number of different causes, auto-genetic and hetero-genetic.

Interesting papers were read by Dr. Ezra Read (an abstract of which will be found in this number), also by Dr. J. B. Armstrong, of Terre Haute, and by other members, a synopsis of which we were unable to get, except that of Dr. Read.

Resolutions were passed concerning the death of Dr. Hitt, of Vincennes, Ind.; also a paper was read on the life and character of Dr. Hitt, by Professor Byford. There were seventy-one members in attendance. The next meeting will be held at Evansville, Ind., commencing on the third Tuesday in October, 1877.

The following officers were elected for the ensuing year: President, Dr. W. H. Byford, Chicago, Ill.; first Vice President, Dr. J. L. Dismuke, Mayfield, Ky.; second Vice President, Dr. G. G. Barton, Washington, Ind.; third Vice President, Dr. H. H. Deming, Peoria, Ill.; Recording Secretary, Dr. G. W. Burton, Mitchell, Ind.; Corresponding Secretary, Dr. F. W. Beard, Vincennes, Ind.; Treasurer, Dr. A. Patten, Vincennes, Ind.

The society is emphatically a working body; and if this meeting is a criterion of what may be expected in the future,

their meetings will be anticipated by the profession with much pleasure and practical interest. We are indebted to Dr. T. C. Donnell for the interesting report given of this meeting.

TO SUBSCRIBERS.—We want to say a few earnest words to you in this final number of the *American Practitioner* of the year 1876, words which we hope you will carefully read, faithfully remember, and promptly act upon. Some of you have followed the fortunes of our journal, first and fast friends, from its origin in 1866 as the *Cincinnati Journal of Medicine*. Others more recent in accession, we can not doubt are equally faithful.

More than thirty thousand dollars has been expended upon the journal in the eleven years of its existence. We wish we could say that subscribers and advertisers had paid all this. But we know, to our sorrow, this can not be said.

Shall not the journal, in its twelfth year, be freed from all pecuniary embarrassments? Few medical journals in the United States have a larger circulation, the most not near so large. But we are sure this circulation can be much increased. Not a single subscriber but can add one or more to the list. Will you not, in this month of December, make the hearts of Editors and Publishers happy by promptly remitting your own, and the subscription of some friend, for 1877? Do this, and the monthly issue of the *American Practitioner*, instead of being fifteen hundred or two thousand, as in 1876, will be twice that in 1877.

If any subscriber has become delinquent through negligence, let him repent and remit.

In attention to subscriptions, we trust contributions will not be forgotten. Every one meets with cases in practice that will interest and instruct the great body of the profession, and let him bring them forward for such interest and instruction.

We confidently appeal to subscribers thus to help us, and to help us now, and we promise in return our best gratitude, and the best work in your behalf we are capable of doing.

HARVEY AND CESALPINUS.—HISTORICAL FRAGMENT BY DR. SAMPSON GAMGEE.—“Who discovered the circulation of the blood?” is a question to which the majority of well-informed persons would answer, “William Harvey.” Nor would the reply of professed physiologists, in this country at least, be different. Professor Ceradini, of Genoa, has recently* published an elaborate monograph advocating the prior claims of Cesalpinus, and, after honoring him with a monument in Rome, it is proposed to insert a tablet to his honor on the portals of the University of Pisa, in which he taught for some years before he took up his residence near the Vatican, as physician to Pope Clement VIII. This plea on behalf of Cesalpinus is only a revival. Moreri,† so early as 1732, urged on his behalf, that “it would be robbing him of a very precious glory not to mention that he had known the history of the circulation of the blood.”

A few dates are here essential. Cesalpinus was born at Arezzo in Tuscany in 1519, and died in Rome in 1603, his chief works having been published from 1569 to 1593. William Harvey was born in 1578, went to Padua in 1598, returned to England in 1602, was appointed lecturer on anatomy and surgery to the College of Physicians in 1615, published his “*Exercitatio Anatomica de Cordis et Sanguinis Motu*” in 1628, and died in 1657. Thus Cesalpinus’s work was accomplished before Harvey’s had begun.

Cesalpinus knew the pulmonary circulation, as Servetus and Realduus Columbus had done before him, though independently. Cesalpinus first employed the word “circulation,” and certainly went far, by experimenting and reasoning, to demonstrate the greater, or systemic, as well as the lesser or pulmonary circulation. Considering, as the Italians claim, that their illustrious countryman had proved and knew the whole doctrine, the question remains, Did the world learn it from him? or did the great truth, so far as he was concerned, lay dormant in his folios until exhumed by the learned of succeeding gen-

* *Lancet*, November 4, 1876, p. 663.

† *Le Grand Dictionnaire Historique*; nouvelle et dernière édition, en 10 vols. Paris, 1732. Art. Cesalpinus. Vol. II, p. 675.

erations? That Harvey's essay is a model of clear and concise reasoning has never been questioned, and Buckle's* claim is incontestably a valid one—that the discovery of the circulation of the blood was first made *perfectly intelligible* by Harvey.

Cesalpinus was a great naturalist, who spent his long life as a student.† Harvey toiled through a busy, restless life, and fought his way, winning renown for himself and his doctrines by energy of resolve and eloquence of pleading. If he was not by his contemporaries reputed to be the author of the doctrine of the circulation, how was it that, after he left Padua, the great theme of discussion was “*De Paradoxo Harvejano?*” Why did John Rolan, the learned professor of the University of Paris, specially confute him? Why did Leichner in 1646 entitle his essay “*De Motu Sanguinis, Exercitatio Anti-Harvejana?*” Why did Zacharia Sylvius, in 1648, say, in the preface to his edition of Harvey's work, “*Novam quandam et inauditam de motu cordis et circulatione sanguinis sententiam?*”

It seems to me unanswerable that, by the verdict of his contemporaries and immediate successors, Harvey was the reputed discoverer of the circulation; they, the world, learned the new doctrine from him.

If this be conceded, the question is still open, Did Harvey discover all the doctrine he taught? He gives credit to Galen, to Realdus Columbus, and a few others, but makes no mention of Cesalpinus; but there is no proof that he knew his works. Certain it is that great works were published in Italy at that time, which obtained very little circulation and remained comparatively unknown, to-wit, Ruini's “*Anatomia del Cavallo,*” which contains a most extraordinary sketch of the circulation of the blood. This marvelous passage, so far as I know, never attracted attention until my friend Professor Ercolani, of Bologna, set it forth with justifiable national pride.

* *Miscellaneous and Posthumous Works*, Vol. II, p. 203. London, 1872.

† “*La vie du botaniste d'Arezzo s'est écoulée toute entière dans le silence du cabinet.*” (*Nouvelle Biographie Universelle*. Paris: Firmin Didot, 1854. Vol. IX, p. 439.)

That Harvey was, however, under greater obligation to his predecessors than he had the candor to acknowledge, there is some reason for believing. In the first paragraph of his introduction he says: "As we are about to discuss the motion, action, and use of the heart and arteries, it is imperative on our part to state what has been thought of these things by others in their writings, and what has been held by the vulgar and by tradition, in order that what is true may be confirmed, and what is false set right by dissection, multiplied experience, and accurate observation." In this admirable spirit of intended candor did Harvey begin his work; he concluded it in a very different disposition, if we are to judge from the last paragraph in his dedicatory letter to his very dear friend, Dr. Argent, the excellent and accomplished President of the Royal College of Physicians. "I had no purpose to swell this treatise into a large volume by quoting the names and writings of anatomists, or to make a parade of the strength of my memory, the extent of my reading, and the amount of my pains; because I profess both to learn and to teach anatomy, not from books but from dissections; not from the positions of philosophers, but from the fabric of nature; and then because I do not think it right or proper to strive to take from the ancients any honor that is their due, nor yet to dispute with the moderns, and enter into controversy with those who have excelled in anatomy, and been my teachers."

I submit, with much deference, it was not a question of detracting or disputing, but of doing justice. To his president Harvey disavows the study of literature; in his introduction, he as clearly tells us that he purposes devoting himself to working up the literature of his subject. International jealousy apart, it would be most interesting to follow up the steps of the great discovery—one of the most gradual of any of the great discoveries of truth. The present fragment is only put forth as a suggestive contribution, but not without hope that some leisure may allow of its development, if it should be deemed worthy of it. (*Lancet.*)

DESCRIPTION OF AN ENLARGED CLITORIS.—Scultetus, in his *Armamentarium Chirurgicum*, 1666, refers to enlargement of the clitoris in the following strong language: *Enorme, inutile, molestum et damnificum generi foemino clitoridis incrementum*. As we read this passage, after having stopped to admire "damnificum" in such connection, we could not help thinking of Virgil's description of the Cyclops, *Æneid*, book third—

Monstrum horrendum, informe, ingens, cui lumen ademptum—

and we wondered if Scultetus had not this description in his mind, when he was accumulating such vigorous adjectives for clitoral hypertrophy.

MEDICAL EDUCATION.—Dr. McCall Anderson, in an address on this subject, published in the *Lancet*, November 11, 1876, says: Since the days of my student life great changes have taken place in the prescribed curriculum and in the subjects of examination; and although I am far from thinking that these are in every way to be commended, I am free to admit that, in two respects at all events, they are on the side of progress, namely, as regards the institution of a preliminary examination, and the giving of greater prominence to the practical departments. That a preliminary examination was urgently called for few can doubt, but if proof is required, it may be found in the answers given to the following questions submitted to candidates by one of the examining boards:

Question—What is meant by the antiquity of man? Answer—The wickedness of men.

Q.—The "Letters of Junius?" A.—Letters written in the month of June.

Q.—The Crusades? A.—A war against the Roman Catholics during the last century.

Q.—The first meridian? A.—The first hour of the day.

Q.—To speak ironically? A.—To speak about iron.

Q.—A Gordian knot? A.—The arms of the Gordon family.

Q.—The Star Chamber? A.—Place for viewing the stars.

Q.—To sit on the Woolsack? A.—To be seated on a sack of wool.

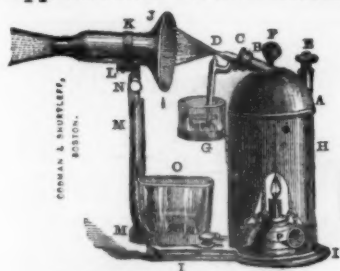
Q.—A solecism? A.—A book on the sun.

Q.—The year of jubilee? A.—Leap-year.

We could have appreciated this last answer more heartily had it emanated from one of the female medical students.

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 The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

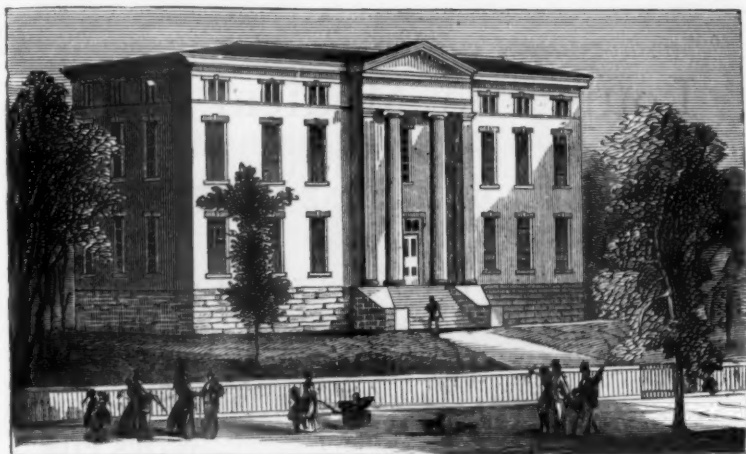
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THE
Louisville Medical News,
A WEEKLY
JOURNAL OF MEDICINE and SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.,

Professor of Surgical Pathology and Operative Surgery in the University of Louisville,

AND

WILLIAM H. GALT, M. D.

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The columns of this Journal are open to a free discussion upon questions of professional interest, and contributions are invited from all parts of the country upon matters pertaining to the profession of Medicine, its practice, conduct, and government, and upon Medical Instruction.

The editors are not responsible for the views of contributors; and contributors are not asked to be responsible for the views of the editors.

This Journal undertakes to defend what it considers the right, and to expose shams. In doing so it will strive to avoid all personalities; but when it deems it necessary will not hesitate to discuss principles and systems, by whomsoever they may be advocated. IT OFFERS ITSELF AS AN ORGAN OF THE PROFESSION AND APPEALS TO THE PROFESSION FOR SUPPORT.

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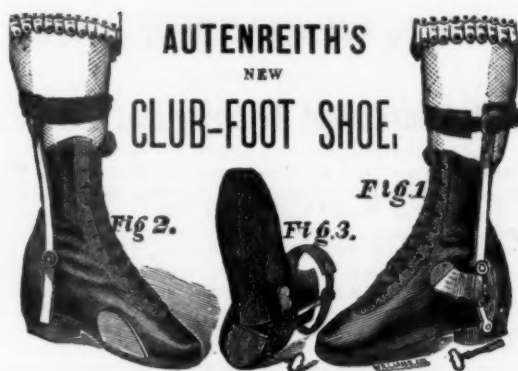


Fig. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

Fig. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

Fig. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

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Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the American Practitioner, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the ORIGINAL DEPARTMENT of the American Practitioner will be all that could be asked.

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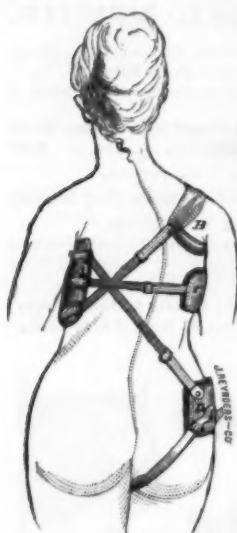
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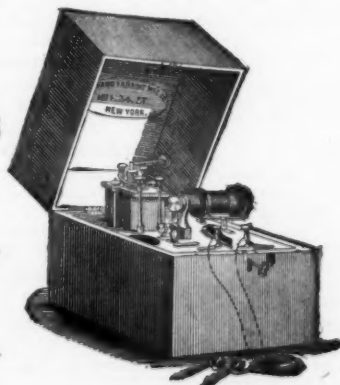
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TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

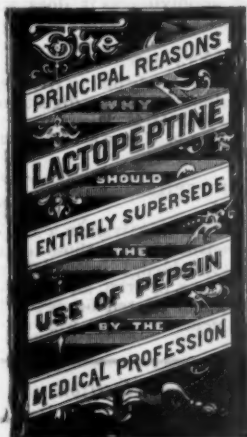
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces,	Pty. Ptyalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/2 Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	2 1/2 fl.
		Powder and Mix.	"



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPsin ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNEICK'S preparation of Pepsin, Pancreatic, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children
Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with
Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALE CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,
while the same quantity of any standard preparation of Pepsin
in the market will dissolve but three ounces.*

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—00—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—00—
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—00—
INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *orthocolo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—00—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—00—
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE. BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbo-lic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of *Fluid Extracts*.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

FORMULÆ.

The following valuable formulas have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iij.
	Hydrochloric Acid Dilut.,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iij.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

that is, if "Tertian," every three hours, and then after first interval, if paroxysm does not recur, continue mixture at a diminished rate each succeeding day, — indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	aa dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—00—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

Strychnia Compound Pill.

Strychnia, - - - 1-100 grain.
Phosphorus, - - - 1-100 "
Ex. Cannabis Indica, - 1-16 "
Ginseng, - - - 1 "
Carb. Iron, - - - 1 "

Dose—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred.

Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood, - - - 2 grains.
Quinine Sulph., - - 1 grain.
Sesqui Oxide Iron, - - 1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—00—

HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 gra.

Dose.—Two to four.

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 gra.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 gra.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

—00—

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

—00—

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT

BY MAIL.

—00—

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

—00—

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.



REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

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MEDICINE

WM. R. WARNER & CO.

Manufacturing Chemists,

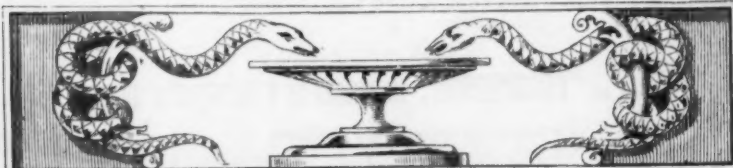
1228 MARKET STREET,

PHILADELPHIA.

MANUFACTURERS OF

Reliable Sugar-Coated Pills,
Standard Fluid Extracts, Elixirs,
Wines, Syrups, New Remedies and
all Official Preparations.

SEND FOR PRICE-LIST.



pressed Pills.—Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.

WARNER & CO'S Phosphorus Pills.

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the Dublin Journal,) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.

	Price
Pil Phosphori, 1-100 gr. in each,	-
Pil Phosphori, 1-50 " " " " " " " " " "	-
Pil Phosphori, 1-25 " " " " " " " " " "	-
Pil Phosphori Comp.,	-
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	-
Pil Phosphori et Nucis Vomicae,	-
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	-
Pil Phosphori et Ferri et Nuc. Vom.	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	-
Pil Phosphori et Ferri et Quinia,	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	-
Pil Phosphori et Ferri et Nuc. Vom. et Quinia,	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	-
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	-

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

WILLIAM R. WARNER & CO.
Manufacturing Chemists,

No. 1228 Market St., Philadelphia.



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

For Official and other

Sugar Coated Pills.



TO PHYSICIANS.

The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.

The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.

Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.

Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,

Yours. Respectfully

William R. Warner & Co.

PHILADELPHIA.

Special Recipes made to Order for 3000 or more Pills.

WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

MESSRS. WM. R. WARNER & CO.

"MONTREAL, Dec. 2d, 1872.

Gentlemen:

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,
Professor Mat. Med. University of Bishops College,
Lecturer on Chemistry, Botany and Mat. Med.
in the Quebec College of Pharmacy, etc., etc."

SUGAR-COATED QUININE PILLS

*From the St. Louis Medical and Surgical Journal,
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

"Detroit, Mich.

A. B. LYON, M.D.,
Analytical Chemist."

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, .	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Materia Medica,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy,	BY DR. H. A. COTTELL.
On Chemistry,	BY DR. G. H. ANDERSON.
On Obstetrics,	BY DR. W. H. LONG.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION AND RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY AND APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the St. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. YANDELL, JR. twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For farther information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
No. 204 Third Street, LOUISVILLE.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and *no external agents*.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. F. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,

April 13, 1874.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. V. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quizzed by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Koss, TEXAS.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, TEXAS.

We will send a sample package for *trial*, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.

PNEUMATIC ASPIRATION.

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—[Dieulafoy on Pneumatic Aspiration, pp. 21, 24.]

WE invite the attention of the MEDICAL PROFESSION to this NEW APPARATUS FOR ASPIRATION, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—



Fig. 68.



Fig. 69.—The Stopper and Cocks supplied with Apparatus No. 2.

First. Means of changing the Pump from an exhaust to a force-pump, and vice versa, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action. See *Dieulafoy on Aspiration*, pp. 276, 278.

Second. The employment, in our apparatus No. 1, of a metal Screw-Cap, fitting the neck by the receiver supplied with this apparatus so securely that it can not be forced from its place, by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

Third. The substitution, for the ordinary oiled silk valves of other apparatus of a kind indestructible both in form and material.

Fourth. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that in some important particulars at least, they are SUPERIOR TO ANY.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory Puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydroceles, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS.

No. 1. AIR PUMP—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop cocks as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... \$18 00

No. 2. The same without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity or less, instead of screw-cap arrangement, also with printed directions..... 16 00

No. 3. DIEULAFOY'S NOTCHED ASPIRATOR, Nickel plated, with two Needles, tubes, etc., in case..... \$14 00

No. 4. Stomach Attachment as described, adapted to pump accompanying Nos. 1 and 2 additional..... 6 00

The foregoing are the product of our own Factory, and are warranted in every respect. Also DIEULAFOY ON PNEUMATIC ASPIRATION, post-paid, by mail, on receipt of 3 00

Full description on application.

CODMAN & SHURTLEFF, Makers of Surgical Instruments,

Nos. 13 and 15 Tremont Street, BOSTON.

N. B.—See our other advertisement in alternate numbers of this Journal.

COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA.

SESSION OF 1876-7.

—10:—

FACULTY.

GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D.

Professor of Principles and Practice of Medicine and Clinical Medicine.

I. C. WALKER, M. D.

Professor of Diseases of the Nervous System.

JOHN E. LINK, M. D.

Professor of Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Physiological Anatomy.

HENRY JAMESON, M. D.

Professor of Materia Medica and Analytical Chemistry.

J. L. THOMSON, M. D.

Professor of Ophthalmology and Otology.

WILSON LOCKHART, M. D.

Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

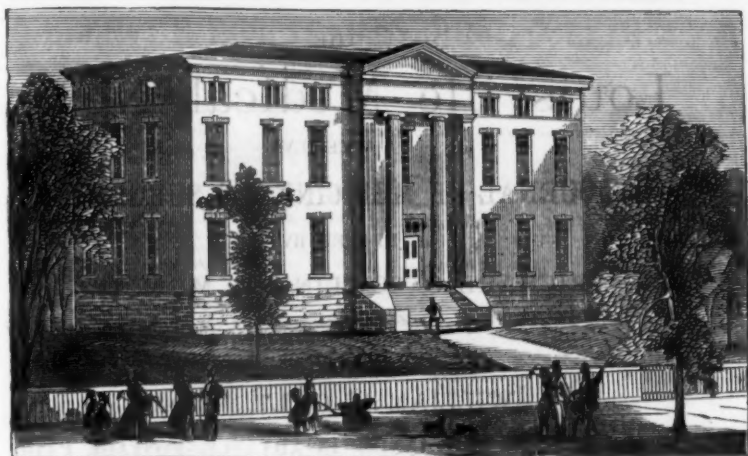
FEES.

Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

Apply for Annual Circular or further information to

DR. I. C. WALKER,
130 North Pennsylvania Street, Indianapolis.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

THIRTY-EIGHTH ANNUAL SESSION.

FACULTY.

J. M. BODINE, M. D.....	Prof. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, Jr., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

F E E S.

Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty.

THE
Louisville Medical News,
A WEEKLY
JOURNAL OF MEDICINE and SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.,

Professor of Surgical Pathology and Operative Surgery in the University of Louisville,

AND

WILLIAM H. GALT, M. D.

TERMS: \$2.10 PER ANNUM IN ADVANCE—POSTAGE PAID.

ANNOUNCEMENT:

THE LOUISVILLE MEDICAL NEWS will be issued every Saturday. It will contain Original Articles upon Practical Medicine and the several specialties of the art, selections from Home and Foreign Journals, Items of News in the Profession, Correspondence, Reviews of Books, and Editorials upon current topics.

The columns of this Journal are open to a free discussion upon questions of professional interest, and contributions are invited from all parts of the country upon matters pertaining to the profession of Medicine, its practice, conduct, and government, and upon Medical Instruction.

The editors are not responsible for the views of contributors; and contributors are not asked to be responsible for the views of the editors.

This Journal undertakes to defend what it considers the right, and to expose shams. In doing so it will strive to avoid all personalities; but when it deems it necessary will not hesitate to discuss principles and systems, by whomsoever they may be advocated. IT OFFERS ITSELF AS AN ORGAN OF THE PROFESSION AND APPEALS TO THE PROFESSION FOR SUPPORT.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK,

SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
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114th ANNUAL SESSION, 1876-77.

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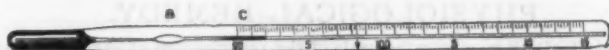
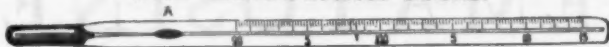
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TO PHYSICIANS.

We beg to invite your attention to the fact that arrangements have been made for the simultaneous publication of the AMERICAN PRACTITIONER in Louisville and Indianapolis. In Louisville the journal will be issued by John P. Morton & Co., while in Indianapolis its publishing interests will be in the hands of John & Porter.

Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the American Practitioner, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the ORIGINAL DEPARTMENT of the American Practitioner will be all that could be asked.

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FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

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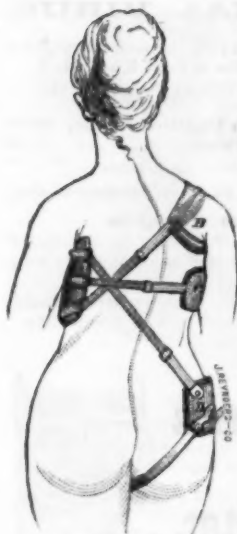
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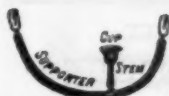
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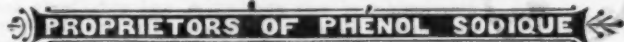




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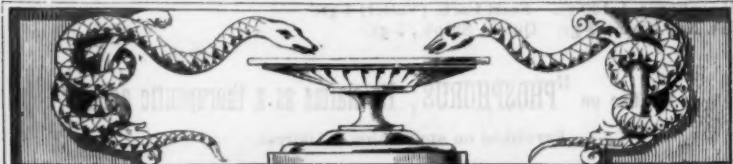
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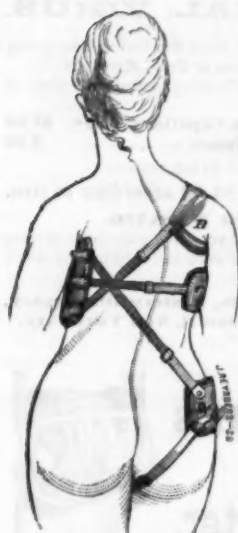
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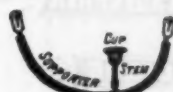
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We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of Indigenous and Foreign Medicinal Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list.

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 No. 78-17

B. KEITH & CO.,
 41 Liberty Street, New York.

The distinctive source of LACTOPEPTINE is even finer evidence than can be given.

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

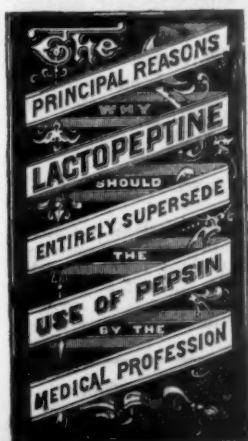
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces,	Fig, Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 fl. "
		Powder and Mix.	



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children
Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with
Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALE CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,
while the same quantity of any standard preparation of Pepsin
in the market will dissolve but three ounces.*

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

SMOKE, M. D.

—oo—
INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

Pancreatine and Diastase are more important digestive agents than Pepsin.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D. OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbo acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

—oo—

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—oo—

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of Fluid Extracts.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iiii.
	Hydrochloric Acid Dilut.,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iiii.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

All our goods are of guaranteed strength and uniformity.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opii. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture **PEPSIN, PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

All our goods are of guaranteed strength and uniformity.

Strychnia Compound Pill.

Strychnia, - - - 1-100 grain.
Phosphorus, - - - 1-100 "
Ex. Cannabis Indica, 1-16 "
Ginseng, - - - 1 "
Carb. Iron, - - - 1 "

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood, - - - 2 grains.
Quinine Sulph., - - 1 grain.
Sesqui Oxide Iron, - - 1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

Dose.—Two to four

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Sent for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARRICK; Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

MAX WOCHER & SON,

MANUFACTURERS OF

Surgical, Dental and Orthopedical Instruments.

Have constantly on hand a full assortment of Amputating, Trephining, Amputating and Trephining Compound, Resection, Obstetric, Eye, Pocket Medicine and Surgical Pocket Cases, Essex, Clark's and Maunder's Spray Instruments, Richardson's Local Anæsthesia Spray Producers, Tangle Tents, (Limbaria Digitata) for Dilatation of the Uterus, Urethra and Lachrymal Duct, Sponge Tents, Hypodermic and Lachrymal Syringes, Ophthalmoscopes, Laryngoscopes, Thudicum's Nasal Douche for the treatment of Catarrh, Dr. Siegle's Improved Inhaling Apparatus, Silk Elastic Abdominal Bandages, Elastic Stockings, Knee-caps, Ankle-pieces, etc., etc.

Special Attention is given to Club-foot Shoes, Bow Legs, Weak Ankles, Extension, Hip-joint and Spinal Apparatus, Abdominal Supporters, with or without Springs, Wire-gauze Splints, for any fracture and size. Trusses for Hernias and Tumors made, and professionally adjusted.

The MEDICAL PROFESSION are invited to notice our arrangements made with Mr. Day, as SOLE AGENTS here for his IMPROVED SPLINTS, for all fractures or dislocations, which enables us to sell, either by sets or separate parts, at manufacturing prices.

105 WEST SIXTH ST., (Medical College Building) CINCINNATI, O.
No. 49—

BROWNING & SLOAN,

Druggists, and Apothecaries' Hall,

Nos. 7 and 9 East Washington Street,

INDIANAPOLIS, IND.

DEALERS IN

DRUGS, MEDICINES, CHEMICALS,

SURGICAL INSTRUMENTS, GLASSWARE,

And all articles usually kept in a first-class Drug-house.

Our stock is large, and in variety and detail not surpassed by any house in the country, and which we are prepared to sell as low as any Western house. Orders respectfully solicited. All articles warranted as represented
No. 49—



FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

CUT THIS OUT AND SEND IT.

The following measures are required for the steel work :

	INCHES.
Length from sole to center of ankle.....	
Length from sole to garter.....	
Circumference of calf.....	
Circumference of ankle.....	

Right or left foot, or both.

The other measure for the shoe only may be taken by a shoemaker ; as,

Length of foot.....	
Circumference around toes.....	
Circumference around instep.....	
Circumference over heel.....	
Circumference above ankle.....	

SURGICAL INSTRUMENT MANUFACTORY,

71 West Sixth Street, Cincinnati, Ohio.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, .	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Materia Medica,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy,	BY DR. H. A. COTTELL.
On Chemistry,	BY DR. G. H. ANDERSON.
On Obstetrics,	BY DR. W. H. LONG.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the St. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
No. 204 Third Street, LOUISVILLE.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonin and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *guinine, quinidine, cinchonine, and cinchonidine.*"

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *guinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *guinine, quinidine, cinchonine, and cinchonidine.*"

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is *less costly*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,

April 13, 1873.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. BRINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quizzed by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D.,

Marquette, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. FOULKE, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACRAY, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

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Apparatus for Local Anæsthesia and Atomization of Liquids



The Complete Steam Atomizer (new).
(Patented March 24, 1868.)

All the joints are hard-soldered.

It can not be injured by expansion of water, or any attainable pressure, and will last for many years.

It does not throw sprits of hot water; is convenient, durable, portable, compact and cheap, in the best sense of the word. Price, \$6.00.

Brass parts, nickel-plated, additional, \$2.50.
Neatly-made, strong Black Walnut Box, with convenient Handle, additional, \$2.50.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. The steam apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

Hand Ball Apparatus, (without shield), with two Glass Tubes..... \$3 50
Boston Atomizer, (with shield), single bulb, two Glass Tubes..... 2 50
Perfume Atomizer, for Perfumes, Disinfectants, etc..... 1 50
Nickel-Plated Tube, for Local Anæsthesia, and for Inhalation, each..... \$0 75 to 2 00
Nasal Douche, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed..... \$1 25, \$1 50, \$1 75, \$2 00, \$2 50 and \$3 50

A Pamphlet, containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," formulae of those successfully employed.

Also, an article by Dr. J. L. W. THURGOOD, M. D. O. P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulae.

Also, an illustrated description of the Best Apparatus for the above purposes, and for producing Local Anæsthesia by Atomization with Ether, by the method of Dr. Richardson, of London; or with Rhigolene, as described by Dr. HENRY J. BROWNE, in the Boston Medical and Surgical Journal of April 19, 1866. ~~50c~~ Will be sent by mail (post-paid) on application.



Shurtleff's Atomizing Apparatus.
(Patented March 24, 1868.)

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and to work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction, and for Inhalation. (For description of Tubes see Pamphlet.) Price, \$4.00.

ALSO FOR SALE.

Cammann's Stethoscope Disarticulating...\$7 00
Knight's Modification, do 9 50
Simple Throat Mirrors..... 1 00
Ophthalmoscopes, Liebreich's..... 4 00 to 6 00
Barnes' Dilator, set of three, with inflator 5 00
Bowman's Probes, per set..... 4 00
Fever Thermometers, plain..... 2 25 to 2 50
Fever Thermometers, self-regist'g... 3 50 to 5 00
Large Ear Mirrors..... 3 50 to 5 00
Hypodermic Syringes..... 3 00 to 13 00
Miller's Intra-Uterine Caricator (post-paid) in case..... 7 00
Gaffie's Electro-Medical Apparatus..... 12 00
Lente's Intra-Uterine Caustic Instruments..... \$1 25 to 3 00

French Rubber Urinals, with valves, male, for night or day..... 6 00
French Rubber Urinals, male, day only, \$2 50 to 4 00
French Rubber Urinals, female, day only..... 3 00
Vaccinators, Automatic, in case, post-paid..... 3 50
Laryngoscopes, complete..... \$16 00 to 30 00
Dr. Oliver's Laryngoscopic Lantern..... 4 00
Dr. Oliver's Laryngoscopic Lantern, with Auto Laryngoscopic Attachment..... 5 00
Dr. Oliver's Laryngoscopic Lantern, with Auto-Laryngoscopic Attachment, and three Laryngoscopic Mirrors, in case. 9 00

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Skeletons, Skulls, Manikins, Anatomical and Pathological Models and Charts on hand, or imported to order; prices on application. All Instruments, Implements and Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles, Bow Legs, spinal Curvature, and other deformities, made to order.

Instruments made to Order, Sharpened, Polished and Repaired.

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COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA.

SESSION OF 1876-7.

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Professor of the Science and Art of Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D.

Professor of Principles and Practice of Medicine and Clinical Medicine.

I. C. WALKER, M. D.

Professor of Diseases of the Nervous System.

JOHN E. LINK, M. D.

Professor of Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Physiological Anatomy.

HENRY JAMESON, M. D.

Professor of Materia Medica and Analytical Chemistry.

J. L. THOMSON, M. D.

Professor of Ophthalmology and Otology.

WILSON LOCKHART, M. D.

Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

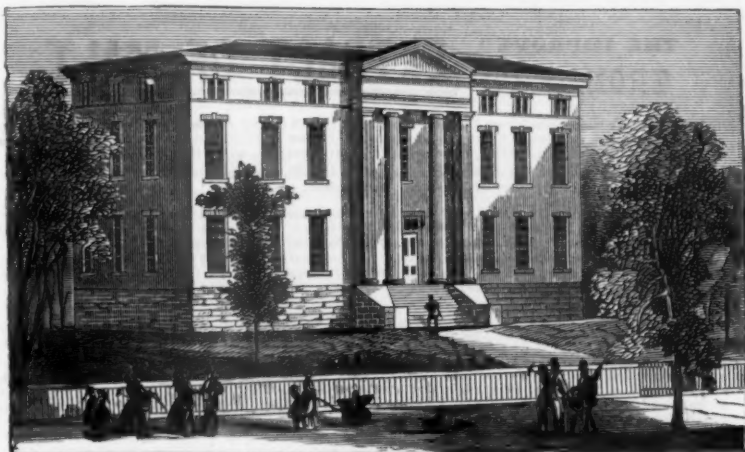
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Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

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UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT.

Corner of Eighth and Chestnut Streets.

THIRTY-EIGHTH ANNUAL SESSION.

FACULTY.

J. M. BODINE, M. D.....	Prof. of Anatomy and the Operative Surgery of the Eye.
L. P. VANDELL, JR., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. VANDELL, M. D.....	Prof. of the Science and Art of Surgery and Clinical Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

F E E S .

Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

☞ The regular Session will commence on the first Monday in October, and continue until the 1st of March.

☞ A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

☞ For the Annual Circular containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty.

**THE IMPROVED
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EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diatase), 2.469; Ash—Phosphates, 1.712, Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoeia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article. Yours, truly,

SILAS H. DOUGLAS,

Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Trouseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult, and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor, or mixed with a glass of milk. Each bottle contains One and One Half Pounds of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of Physicians is invited to the following combinations:

Improved Trommer's Extract of Malt—"FERRATED." Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anemia. Price \$1.00.

Improved Trommer's Extract of Malt, "with CITRATE OF IRON and QUINIA." Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anemic state following autumnal fevers, in chlorosis, enlarged spleen, carbuncles, boils, etc. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price \$1.50.

Improved Trommer's Extract of Malt, "with HYPOPHOSPHITES." Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anemia, scrofulous, tuberculous and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, etc., it is very efficacious. This combination is in certain cases, even more efficient in exhaustion from undue lactation, than the Extract of Malt with Hops. Price \$1.50.

Improved Trommer's Extract of Malt, "with THE IODIDES OF IRON AND MANGANESE." The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts, has been fully confirmed by more recent experience. Particularly recommended in anemia dependant upon scrofula, phthisis, cancer, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. Price \$1.50.

Improved Trommer's Extract of Malt, "with ALTERATIVES." Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium. This combination of the most potent alteratives with tonics and restoratives, has been successfully employed in the different forms of disease dependant upon the "modified scrofulous diathesis," as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and naso-pharyngeal mucous surfaces, eczematous and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, etc. Price \$1.50.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK,

SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876 1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

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Professors of Special Departments, Etc.

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Professor of Practical Anatomy. (Demonstrator of Anatomy.)

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

THE THIRTEENTH ANNUAL COURSE OF LECTURES

—IN THE—

Medical Department of University of Wooster,

LOCATED AT CLEVELAND, OHIO,

Will begin Wednesday, October 4, 1876, and continue until the last Wednesday in February, 1877. Medical and Surgical Clinics, Tuesday and Friday of each week at Charity Hospital. College Clinic every Wednesday.

The preliminary course commences September 13, 1876. Summer session of Recitations and Clinics begins the first Monday in April; holds twelve weeks.

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JOEL POMERENE, M. D.
D. B. SMITH, M. D.
H. W. KITCHEN, M. D.
T. CLARKE MILLER, M. D.
J. H. LOWMAN, M. D.
G. T. GENTSCH, P. C.

FEES.

General Ticket	\$40 00	Demonstrator's Ticket	\$5 00
Matriculation Ticket	5 00	Hospital Ticket	5 00
Graduation Fee			30 00

For further information or catalogue address

80-3m **H. W. KITCHEN, Sec'y, No. 3 Euclid Ave., Cleveland, O.**

**MIAMI MEDICAL COLLEGE,
OF CINCINNATI.**

The next Session will begin October 3, 1876, with Preliminary Course from September 13th. The College is well supplied with means for demonstrative teaching, having large Museums, a Students' Laboratory, Microscopes, etc.

The Clinical advantages are superior. Two large Dispensaries being under the exclusive care of the Faculty, and daily lectures in the largest Hospital of the West.

The Recitation Course will commence March 15, 1877.

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E. WILLIAMS, M. D.
WILLIAM CLENDENIN, M. D.
B. F. RICHARDSON, M. D.

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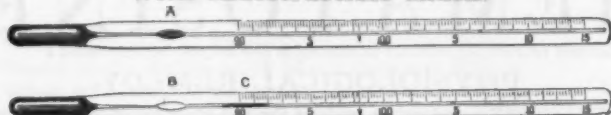
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Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the American Practitioner, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the ORIGINAL DEPARTMENT of the American Practitioner will be all that could be asked.

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Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Lerlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.**

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.

	Price
Pil Phosphori, 1-100 gr. in each,	- - - - -
Pil Phosphori, 1-50 " "	- - - - -
Pil Phosphori, 1-25 " "	- - - - -
Pil Phosphori Comp.,	- - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Nucis Vomicae,	- - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom.	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Quinia,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom. et Quinia,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	- - - - -
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	- - - - -

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

WILLIAM R. WARNER & CO.

Manufacturing Chemists,

No. 1228 Market St., Philadelphia.

IMPORTANT NEW REMEDIES.

(VINUM FERRI CUM CIBO.)

WARNER & CO.

Wine of Iron WITH Beef.

Liebig's Ext: Beef, Citrate of Iron and Malaga Wine.

TONIC, NUTRITIVE, STIMULANT.

THIS preparation possesses, in the highest degree, the valuable properties of its ingredients so combined as to form a pleasant remedy for Debility, Exhaustion, Impoverishment of the Blood, Convalescence, &c.

DOSE—One tablespoonful containing 2 grs. Cit: Iron and the virtues of one ounce of Beef.

In Pints per Doz. \$9.00.

(Vinum Ferri, Cibi et Cinchonæ.)

Warner & Co.

Wine of Iron with Beef AND CINCHONA.

Nutritive, Tonic and Antiperiodic.

The value of this preparation will be readily recognized by the scientific practitioner, embodying as it does the blood-making and life-sustaining elements which this combination affords for the relief of Exhaustion, Debility, Impoverishment of the Blood, Convalescence, Chlorosis, &c.

An adult dose is one tablespoonful one hour before meals. To children given in proportion.

In Pints per Doz. \$10.00.

PREPARED BY

WILLIAM R. WARNER & Co.

Manufacturers of

Sugar-Coated Pills, Fluid Extracts, &c.

**No. 1228 Market Street,
PHILADELPHIA.**

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhea, Constipation, Vomiting from Imperfect nutrition.

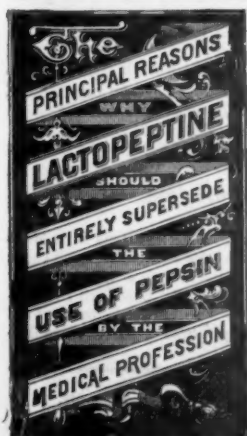
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Tep. Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/2 Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	2 1/2 "
Powder and Mix.			



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,

BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE* in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—00—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—00—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—00—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—00—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—00—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—00—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—00—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—00—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—00—

INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—00—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—00—

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of Fluid Extracts.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

FORMULÆ.

The following valuable formulae have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iij.
	Hydrochloric Acid Dilut.,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iij.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

All our goods are of guaranteed strength and uniformity.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPESIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	aa dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opii. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—00—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose,—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

All our goods are of guaranteed strength and uniformity.

Strychnia Compound Pill.

Strychnia,	- - -	1-100 grain.
Phosphorus,	- - -	1-100 "
Ex. Cannabis Indica,	- - -	1-16 "
Ginseng,	- - -	1 "
Carb. Iron,	- - -	1 "

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood,	- - - -	2 grains.
Quinine Sulph.,	- - -	1 grain.
Sesqui Oxide Iron,	- - -	1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HEMA (Ext. Blood), 4 grs.

Dose.—Two to four.

90 cts. per hundred.

HEMA COMP.

Ext. Blood, 2 grs.
Lacto-Phosphate Lime, 1 gr.
Pepsin, 2 grs.

Dose.—One to three.

\$1.50 per hundred.

HEMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.
Quinine Sulph., 1 gr.
Sesqui Oxide Iron, 1 gr.
Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of	\$1 00
One pound " " " " " "	13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

Oct. 15th, 1875.

Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Materia Medica,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy,	BY DR. H. A. COTTELL.
On Chemistry,	BY DR. G. H. ANDERSON.
On Obstetrics,	BY DR. W. H. LONG.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the St. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course; and they pledge their best labors to insure its success.

The Fee for the full Course is \$35.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
No. 204 Third Street, LOUISVILLE.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middlebury, Pa.,
April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinine by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with much respect,
J. R. TAYLOR, M.D., Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D.,

Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACRAT, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.

PNEUMATIC ASPIRATION.

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—[Dieulafoy on *Pneumatic Aspiration*, pp. 21, 24.]

WE invite the attention of the MEDICAL PROFESSION to this NEW APPARATUS FOR ASPIRATION, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

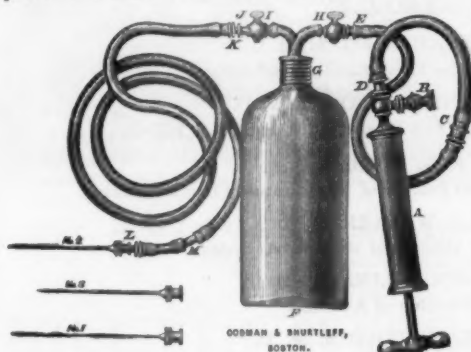


Fig. 68.



Fig. 69.—The Stopper and Cocks supplied with Apparatus No. 2.

First. Means of changing the Pump from an exhaust to a force-pump, and vice versa, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action. See *Dieulafoy on Aspiration*, pp. 276, 278.

Second. The employment, in our apparatus No. 1, of a metal Screw-Cap, fitting the neck by the receiver supplied with this apparatus so securely that it can not be forced from its place, by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

Third. The substitution, for the ordinary oiled silk valves of other apparatus of a kind indestructible both in form and material.

Fourth. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that in some important particulars at least, they are SUPERIOR TO ANY.

In his work on *Pneumatic Aspiration*, Dieulafoy shows the harmlessness of the Aspiratory Puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS.

- No. 1. AIR PUMP—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop cocks as shown in Fig. 68, fitted in a neat case, accompanied with printed directions.....\$18 00
- No. 2. The same without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity or less, instead of screw-cap arrangement, also with printed directions..... 16 00

- No. 3. DIEULAFOY'S NOTCHED ASPIRATOR, Nickel-plated, with two Needles, tubes, etc., in case.....\$14 00
- No. 4. Stomach Attachment as described, adapted to pump accompanying Nos. 1 and 2 additional..... 6 00
- The foregoing are the product of our own Factory, and are warranted in every respect. Also DIEULAFOY ON PNEUMATIC ASPIRATION, post-paid, by mail, on receipt of..... 3 00
- Full description on application.

CODMAN & SHURTLEFF, Makers of Surgical Instruments,

Nos. 13 and 15 Tremont Street, BOSTON.

75-1y

N. B.—See our other advertisement in alternate numbers of this Journal.

COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA.

SESSION OF 1876-7.

FACULTY.

GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D.

Professor of Principles and Practice of Medicine and Clinical Medicine.

I. C. WALKER, M. D.

Professor of Diseases of the Nervous System.

JOHN E. LINK, M. D.

Professor of Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Physiological Anatomy.

HENRY JAMESON, M. D.

Professor of Materia Medica and Analytical Chemistry.

J. L. THOMSON, M. D.

Professor of Ophthalmology and Otology.

WILSON LOCKHART, M. D.

Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

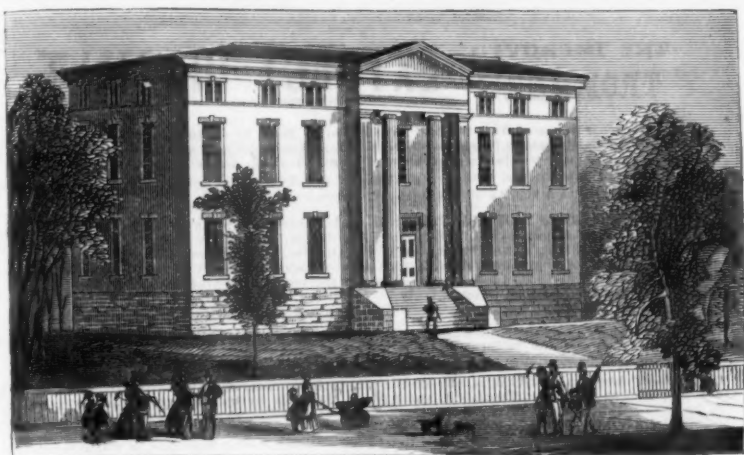
FEES.

Hospital Ticket	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation	5 00	Graduation Fee	25 00

Apply for Annual Circular or further information to

DR. I. C. WALKER,
130 North Pennsylvania Street, Indianapolis.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

FORTIETH ANNUAL SESSION

FACULTY.

J. M. BODINE, M. D.....	Prof. of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, JR., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

F E E S.

Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

☛ The regular Session will commence on the first Monday in October, and continue until the 1st of March.

☛ A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

☛ For the Annual Circular containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty.

**THE IMPROVED
TROMMER'S**

EXTRACT OF MALT.

This Extract is prepared from the best Canada-Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO. :—I enclose herewith my analysis of your Extract of Malt: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diatase), 2.469; Ash—Phosphates, 1.712, Alkalies, .377; Water, 25.7. Total, 99.988.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoeia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article. Yours, truly,

SILAS H. DOUGLAS,
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Trouseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult, and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor, or mixed with a glass of milk. Each bottle contains One and One Half Pounds of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of Physicians is invited to the following combinations:

Improved Trommer's Extract of Malt—"FERRATED." Each dose contains one grain of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

Improved Trommer's Extract of Malt, "with CITRATE OF IRON and QUINIA." Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers, in chlorosis, enlarged spleen, carbuncles, boils, etc. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price \$1.50.

Improved Trommer's Extract of Malt, "with HYPOPHOSPHITES." Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous, and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, etc., it is very efficacious. This combination is in certain cases, even more efficient in exhaustion from undue lactation, than the Extract of Malt with Hops. Price \$1.50.

Improved Trommer's Extract of Malt, "with THE IODIDES OF IRON AND MANGANESE." The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts, has been fully confirmed by more recent experience. Particularly recommended in anæmia dependant upon scrofula, phthisis, cancers, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. Price \$1.50.

Improved Trommer's Extract of Malt, "with ALTERATIVES." Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium. This combination of the most potent alteratives with tonics and restoratives, has been successfully employed in the different forms of disease dependant upon the "modified scrofulous diathesis," as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and naso-pharyngeal mucous surfaces, eczematous and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, etc. Price \$1.50.

PREPARED BY

TROMMER EXTRACT OF MALT COMPANY, FREMONT, OHIO.

For Sale by Wholesale Druggists throughout the United States and the Canadas.

No. 21

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK,

SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALPHEUS B. CROSSBY, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

ALEXANDER E. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

WILLIAM T. LUSH, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

EDMUND B. PEASLEE, M. D., LL. D.,
Professor of Gynecology.

Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otolary.

EDWARD G. JANEWAY, M. D.,
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

THE THIRTEENTH ANNUAL COURSE OF LECTURES

—IN THE—

Medical Department of University of Wooster,

LOCATED AT CLEVELAND, OHIO,

Will begin Wednesday, October 4, 1876, and continue until the last Wednesday in February, 1877. Medical and Surgical Clinics, Tuesday and Friday of each week at Charity Hospital. College Clinic every Wednesday.

The preliminary course commences September 13, 1876. Summer session of Recitations and Clinics begins the first Monday in April; holds twelve weeks.

FACULTY.

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L. FIRESTONE, M. D.
W. J. SCOTT, M. D.
H. J. HERRICK, M. D.
C. W. NOBLE, Esq.
A. C. MILLER, M. D.

JOEL POMERENE, M. D.
D. B. SMITH, M. D.
H. W. KITCHEN, M. D.
T. CLARKE MILLER, M. D.
J. H. LOWMAN, M. D.
G. T. GENTSCH, P. C.

F E E S .

General Ticket	\$40 00	Demonstrator's Ticket.....	\$5 00
Matriculation Ticket	5 00	Hospital Ticket	5 00
Graduation Fee			30 00

For further information or catalogue address

80-3m **H. W. KITCHEN, Sec'y, No. 3 Euclid Ave., Cleveland, O.**

**MIAMI MEDICAL COLLEGE,
OF CINCINNATI.**

The next Session will begin October 3, 1876, with Preliminary Course from September 13th. The College is well supplied with means for demonstrative teaching, having large Museums, a Students' Laboratory, Microscopes, etc.

The Clinical advantages are superior. Two large Dispensaries being under the exclusive care of the Faculty, and daily lectures in the largest Hospital of the West.

The Recitation Course will commence March 15, 1877.

FACULTY.

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WILLIAM H. MUSSEY, M. D.
E. WILLIAMS, M. D.
WILLIAM CLENDENIN, M. D.
B. F. RICHARDSON, M. D.

WILLIAM H. TAYLOR, M. D.
T. H. KEARNEY, M. D.
J. C. MACKENZIE, M. D.
J. B. HOUGH, M. D.
W. B. DAVIS, M. D.

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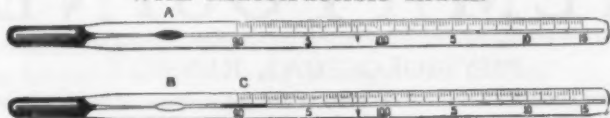
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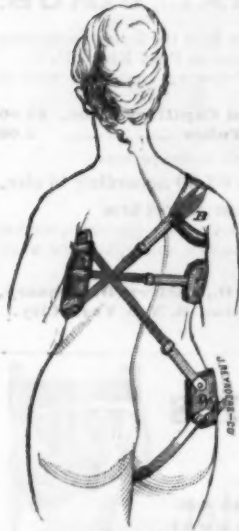
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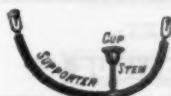
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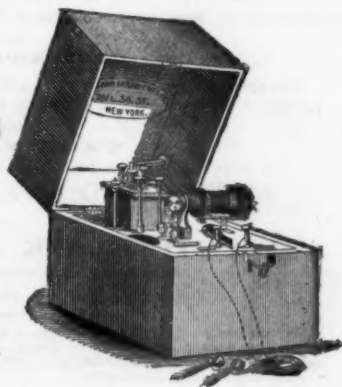
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WORLD'S FAIR, 1875.



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Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, at less cost, without necessarily interfering with the solubility.

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[Extract from a letter.]

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Gentlemen:

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,
*Professor Mat. Med. University of Bishops College,
Lecturer on Chemistry, Botany and Mat. Med.
in the Quebec College of Pharmacy, etc., etc."*

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*From the St. Louis Medical and Surgical Journal,
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"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

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"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

"*Detroit, Mich.*

A. B. LYON, M.D.,
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***** Sugar-Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.

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Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

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The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

*Its use in the above named complaints, is supported by no less authority than Prof. Delpsch, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

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Wine of Iron with Beef.

Liebig's Ext: Beef, Citrate of Iron and Malaga Wine.

TONIC, NUTRITIVE, STIMULANT.

THIS preparation possesses, in the highest degree, the valuable properties of its ingredients so combined as to form a pleasant remedy for Debility, Exhaustion, Impoverishment of the Blood, Convalescence, &c.

DOSE—One tablespoonful containing 2 grs. Cit: Iron and the virtues of one ounce of Beef.

In Pints per Doz. \$9.00.

(Vinum Ferri, Cibi et Cinchonæ.)

Warner & Co.

Wine of Iron with Beef AND CINCHONA.

Nutritive, Tonic and Antiperiodic.

The value of this preparation will be readily recognized by the scientific practitioner, embodying as it does the blood-making and life-sustaining elements which this combination affords for the relief of Exhaustion, Debility, Impoverishment of the Blood, Convalescence, Chlorosis, &c.

An adult dose is one tablespoonful one hour before meals. To children given in proportion.

In Pints per Doz. \$10.00.

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WILLIAM R. WARNER & Co.

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No. 1228 Market Street,

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The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pease, etc.

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

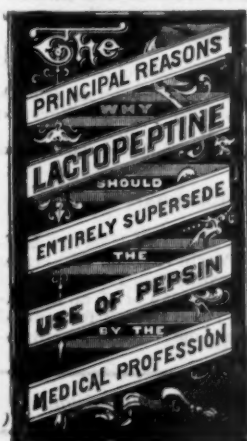
This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



FORMULA OF LACTOPEPTINE.			
Sugar of Milk,	20	Ounces.	Teg. Phos. or Diastase, . 1
Pepsin,	4	"	Lactic Acid, . 2 1/2
Pancreatine,	3	"	Hydrochloric Acid, 2 1/2
		Powder and Mez.	"

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 gra. of Pepsin and 4 gra. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Belevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Belevue Hospital.

INERBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children
Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,

BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with
Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—00—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—00—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—00—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—00—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—00—

EDDYVILLE, WAFELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—00—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, MO., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—00—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—00—
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—00—
INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—00—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—00—
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—00—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of Fluid Extracts.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iiii.
	Hydrochloric Acid Dilut.,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iiii.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and this rule, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

PEPSIN—PANCREATINE—DIASTASE.

In addition to **LACTOPEPTINE** we manufacture **PEPSIN**, **PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "
With flavoring ingredients.	

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. **H. M. HARLOW, M. D.**

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Materia Medica,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy,	BY DR. H. A. COTTELL.
On Chemistry,	BY DR. G. H. ANDERSON.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Physiology,	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elisabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
263 W. Walnut St., LOUISVILLE.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of *bark*, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa., April 15, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. V. SNIDDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quizzed by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. H. TAYLOR, M.D., Koss, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D.,

Marquette, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

J. MACRAT, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

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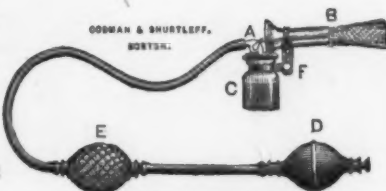
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Apparatus for Local Anæsthesia and Atomization of Liquids



The Complete Steam Atomizer (new).
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All the joints are hard-soldered.
It can not be injured by exhaustion of water, or any attainable pressure, and will last for many years.

It does not throw spirits of hot water; is convenient, durable, portable, compact and cheap, in the best sense of the word. Price, \$6.00.

Brass parts, nickel-plated, additional, \$2.50.
Neatly-made, strong Black Walnut Box, with convenient Handle, additional, \$2.50.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. The steam apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

Hand Ball Apparatus, (without shield), with two Glass Tubes..... \$3 50
Boston Atomizer, (with shield), single bulb, two Glass Tubes..... 2 50
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Nickel-Plated Tube, for Local Anæsthesia, and for Inhalation, each..... \$0 75 to 2 00
Nasal Bouche, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed..... \$1 25, \$1 50, \$1 75, \$2 00, \$2 50 and \$3 50

A Pamphlet, containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," formulae of those successfully employed.

Also, an article by Dr. J. L. W. THURCHUM, M. R. C. P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulae.

Also, an illustrated description of the Best Apparatus for the above purposes, and for producing Local Anæsthesia by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGLOW, in the Boston Medical and Surgical Journal of April 19, 1866. *W.P.* Will be sent by mail (post-paid) on application.

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Cammann's Stethoscope Disarticulating.....	\$7 00	French Rubber Urinals, with valves, male, for night or day	6 00
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Ophthalmoscopes, Liebreich's	4 00 to 6 00	Vaccinators, Automatic, in case, post-paid	2 50
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Trusses—Spinal and Abdominal Supporters—Shoulder Braces—Suspensory Bandages—Elastic Hose—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr. Sayre's Splints for Hip-Joint Diseases—Fever Thermometers—Respirators—Syringes—Crutches—Universal Syringes—Galvanic Batteries and Apparatus—Uterine Sponge Tubes—French Conical and Olive-Tipped Bougies and Catheters.

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Professor of Pathology, Clinical Medicine and Physical Diagnosis.

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Demonstrator of Anatomy.

 The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

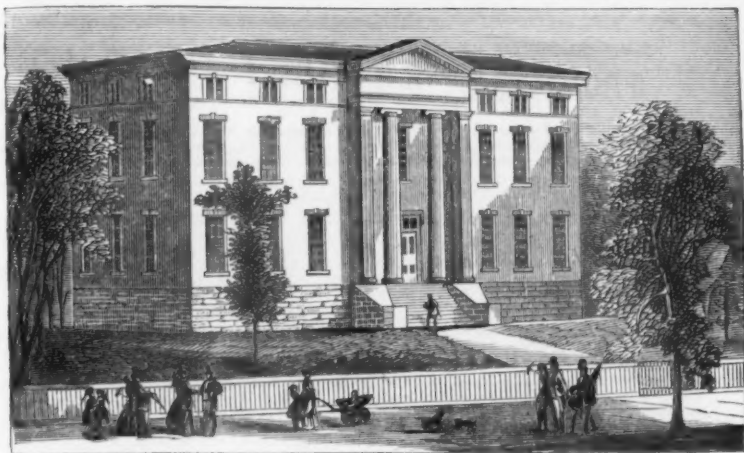
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 E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.
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 J. W. HOLLAND, M. D.....Professor of Materia Medica and Medical Chemistry.
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Professor's Tickets, in full.....\$50 00	Matriculation Fee.....\$ 5 00
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Hospital Ticket (required by City), \$5 00.	

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,

THE IMPROVED TROMMER'S EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO.—I enclose herewith my analysis of your Extract of Malt: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712, Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoeia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours, truly,
SILAS H. DOUGLAS,
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Tromsøen, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult, and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor, or mixed with a glass of milk. Each bottle contains One and One Half Pounds of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of Physicians is invited to the following combinations:

Improved Trommer's Extract of Malt—"FERRATED." Each dose contains our grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

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No. 21

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK,

SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876 1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

FACULTY.

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JAMES R. WOOD, M. D., LL. D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

WILLIAM M. FOLE, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDWARD G. JANESWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

EDMUND R. PEASLEE, M. D., LL. D.,
Professor of Gynecology.

Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otolary.

EDWARD G. JANESWAY, M. D.,
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

JOHN F. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

LEROY MILTON VALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

THE THIRTEENTH ANNUAL COURSE OF LECTURES

—IN THE—

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The preliminary course commences September 13, 1876. Summer session of Recitations and Clinics begins the first Monday in April; holds twelve weeks.

FACULTY.

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L. FIRESTONE, M. D.	D. B. SMITH, M. D.
W. J. SCOTT, M. D.	H. W. KITCHEN, M. D.
H. J. HERRICK, M. D.	T. CLARKE MILLER, M. D.
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MEDICAL DEPARTMENT.

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144th ANNUAL SESSION, 1876-77.

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Demonstrator of Anatomy, H. LENOX HODGE, M. D.; of Surgery, CHARLES T. HUNTER, M. D.; of Practical Chemistry, GEORGE M. WARD, M. D.; of Experimental Physiology, ISAAC OTT, M. D.

Clinical Instruction is given at the University Hospital by the above named Clinical Professors, and also on Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, Jr.; Skin Diseases, Prof. L. A. DUHRING; Morbid Anatomy and Histology, Prof. J. TYSON.

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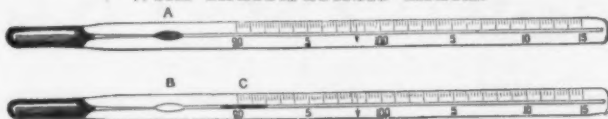
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FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

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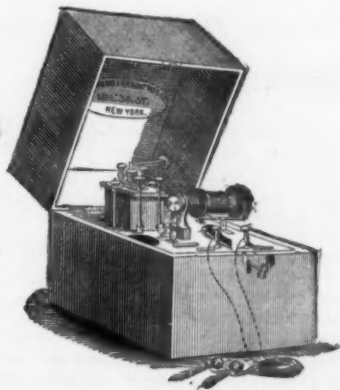
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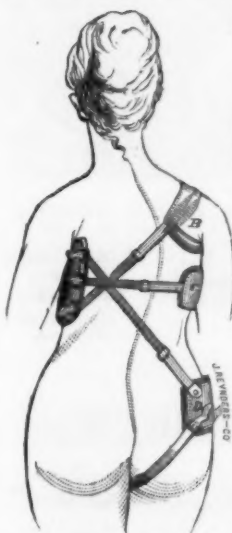
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We beg to invite your attention to the fact that arrangements have been made for the simultaneous publication of the AMERICAN PRACTITIONER in Louisville and Indianapolis. In Louisville the journal will be issued by John P. Morton & Co., while in Indianapolis its publishing interests will be in the hands of John & Porter.

Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the American Practitioner, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the ORIGINAL DEPARTMENT of the American Practitioner will be all that could be asked.

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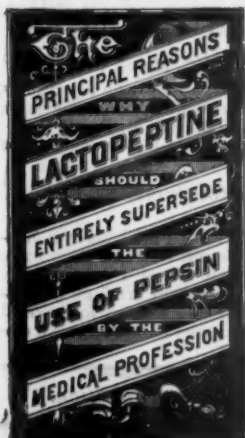
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Fig. Papain or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/2 fl. Drachms.
Pancreatin,	3 "	Hydrochloric Acid,	2 1/2 fl. "
Powder and Mfr.			



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with
Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—00—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—00—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—00—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—00—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—00—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—00—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—00—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—00—
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—00—
INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—00—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—00—
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE. BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbo-lic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of Fluid Extracts.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—00—
ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—00—
ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—00—
ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—00—
SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—00—
FORMULÆ.

The following valuable formulae have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iii.
	Hydrochloric Acid Dilut,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iii.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth, Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

All our goods are of guaranteed strength and uniformity.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain.

H. M. HARLOW, M. D.

All our goods are of guaranteed strength and uniformity.

Strychnia Compound Pill.

Strychnia, - - - 1-100 grain.
Phosphorus, - - - 1-100 "
Ex. Cannabis Indica, 1-16 "
Ginseng, - - - 1 "
Carb. Iron, - - - 1 "

Dose—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood, - - - 2 grains.
Quinine Sulph., - - - 1 grain.
Sesqui Oxide Iron, - - - 1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—00—

HÆMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 gra.

Dose—Two to four.

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.
Lacto-Phosphate Lime, 1 gr.
Pepsin, 2 gr.

Dose—One to three.

\$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.
Quinine Sulph., 1 gr.
Sesqui Oxide Iron, 1 gr.
Strychnine, 1-75 gr.

Dose—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

—00—

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

—00—

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT

BY MAIL.

—00—

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

—00—

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS

Oct. 15th, 1875.

Respectfully,

REED & CARRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, .	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Materia Medica,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy,	BY DR. H. A. COTTELL,
On Chemistry,	BY DR. G. H. ANDERSON.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Physiology,	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

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CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, and cinchonidine."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,
April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JEO. Y. SHINDLER, M.D.



Gent: It may be of some service to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinine by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with the regard,
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I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

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I have used the Cincho-Quinine ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

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In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

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"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—[Dieulafoy on Pneumatic Aspiration, pp. 21, 24.]

WE invite the attention of the MEDICAL PROFESSION to this NEW APPARATUS FOR ASPIRATION, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

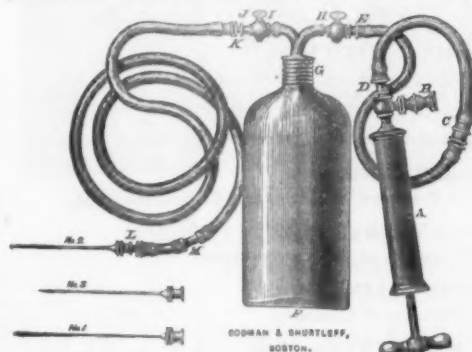


Fig. 68.

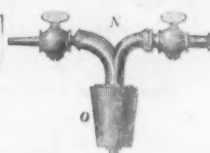


Fig. 69.—The Stopper and Cocks supplied with Apparatus No. 2.

First. Means of changing the Pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action. See *Dieulafoy on Aspiration*, pp. 276, 278.

Second. The employment, in our apparatus No. 1, of a metal Screw-Cap, fitting the neck by the receiver supplied with this apparatus so securely that it can not be forced from its place, by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

Third. The substitution, for the ordinary oiled silk valves of other apparatus of a kind indestructible both in form and material.

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Professor of Diseases of the Nervous System.

JOHN E. LINK, M. D.

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WILSON LOCKHART, M. D.

Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

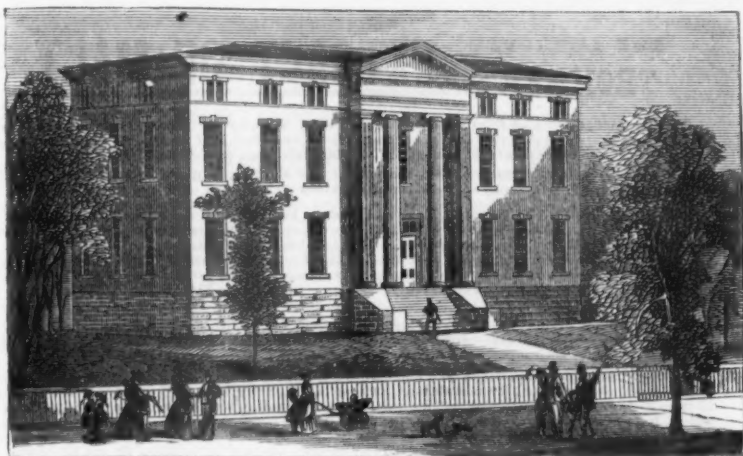
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L. P. VANDELL, JR., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. VANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

F E E S.

Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

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A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor, or mixed with a glass of milk. Each bottle contains One and One Half Pounds of the Extract. Price \$1.00.

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CITY OF NEW YORK,

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The College Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

FACULTY.

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JAMES R. WOOD, M.D., LL.D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M.D.,
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AUSTIN FLINT, M.D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

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Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

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Professor of Psychological Medicine and Medical Jurisprudence.

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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

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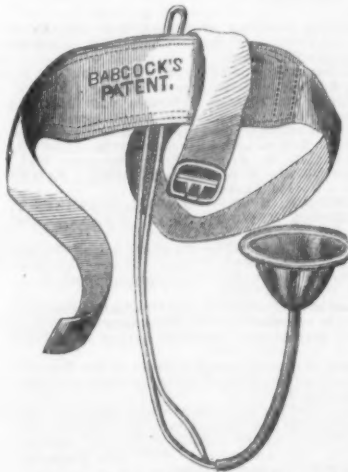
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114th ANNUAL SESSION, 1876-77.

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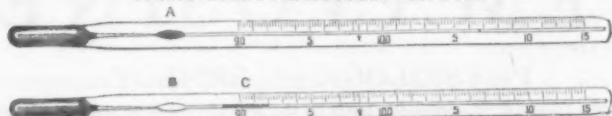
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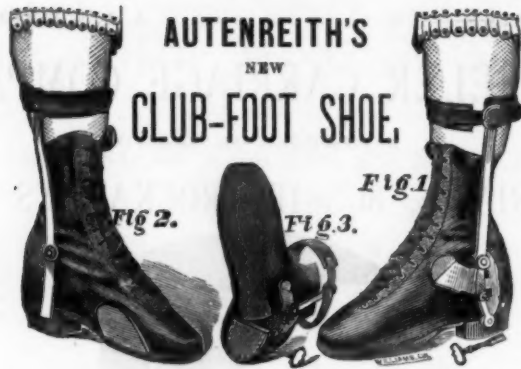


FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

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TO PHYSICIANS.

We beg to invite your attention to the fact that arrangements have been made for the simultaneous publication of the AMERICAN PRACTITIONER in Louisville and Indianapolis. In Louisville the journal will be issued by John P. Morton & Co., while in Indianapolis its publishing interests will be in the hands of Yohn & Porter.

Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the American Practitioner, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the ORIGINAL DEPARTMENT of the American Practitioner will be all that could be asked.

We respectfully request your support not only as subscribers but as contributors also.

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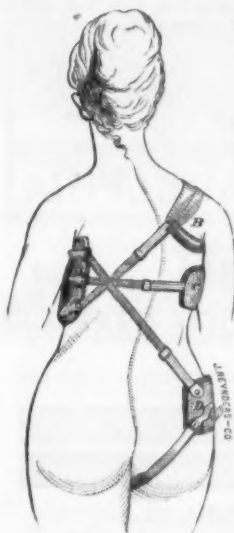
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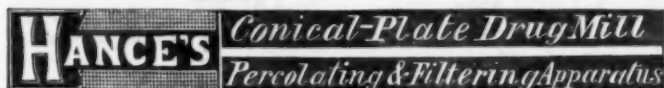
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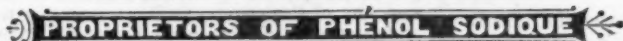
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WORLD'S FAIR, 1875.



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The efficacy of Sugar-Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.

The universal success attending their administration leads to the proof that our mode is correct. This can be readily verified by prescribing a pill, the effects of which are soon apparent, for instance, a cathartic, and the result will show that the full benefit of the medicine is derived when given in this convenient form.

Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, at less cost, without necessarily interfering with the solubility.

Warner & Co.'s, Pills are sold by Druggists throughout the country; and are endorsed by leading journals and medical practitioners.

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WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

"MESSRS. WM. R. WARNER & CO.

"MONTREAL, Dec. 2d, 1872.

Gentlemen :

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,
*Professor Mat. Med. University of Bishops College,
Lecturer on Chemistry, Botany and Mat. Med.
in the Quebec College of Pharmacy, etc., etc."*

SUGAR-COATED QUININE PILLS

*From the St. Louis Medical and Surgical Journal,
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist :—

QUININE PILLS.

"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.,

"" *Detroit, Mich.*

Analytical Chemist."



***** Sugar-Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.*

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Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases :

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The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

THIS method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.**

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Wine of Iron with Beef.

Liebig's Ext: Beef, Citrate of Iron and Malaga Wine.

TONIC, NUTRITIVE, STIMULANT.

THIS preparation possesses, in the highest degree, the valuable properties of its ingredients so combined as to form a pleasant remedy for Debility, Exhaustion, Impoverishment of the Blood, Convalescence, &c.

DOSE—One tablespoonful containing 2 grs. Cit: Iron and the virtues of one ounce of Beef.

In Pints per Doz. \$8.00.

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Nutritive, Tonic and Antiperiodic.

The value of this preparation will be readily recognized by the scientific practitioner, embodying as it does the blood-making and life-sustaining elements which this combination affords for the relief of Exhaustion, Debility, Impoverishment of the Blood, Convalescence, Chlorosis, &c.

An adult dose is one tablespoonful one hour before meals. To children given in proportion.

In Pints per Doz. \$10.00.

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WILLIAM R. WARNER & Co.

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**No. 1228 Market Street,
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TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all material used by mankind, while Pepsin acts only upon plastic food.

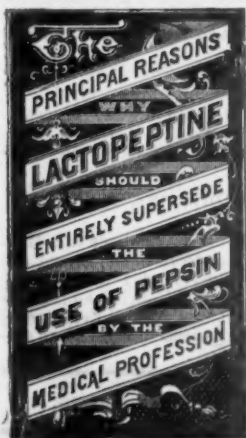
This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. LACTOPEPTINE is in those cases one of the most important applications of Pepsin, from debility, to properly prepare for assimilation where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Fig. Pyralis or Dantass,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 fl. "
		Powder and Mix.	



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is much less expensive to prescribe. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children
Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,

BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with
Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—00—
NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—00—
WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—00—
WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—00—
BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—00—
EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—00—
CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILlicothe, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—
INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—
Mo. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatic, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatic emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—00—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations:

EMULSION OF COD LIVER OIL WITH **LACTOPEPTINE**.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

—00— EMULSION OF COD LIVER OIL WITH **LACTOPEPTINE** AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—00— ELIXIR **LACTOPEPTINE**.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of *Fluid Extracts*.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—00—
ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—00—
ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—00—
ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—00—
SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—00—
FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iiii.
	Hydrochloric Acid Dilut.,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iiii.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

All our goods are of guaranteed strength and uniformity.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—00—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

All our goods are of guaranteed strength and uniformity.

Strychnia Compound Pill.

Strychnia,	- - -	1-100 grain.
Phosphorus,	- - -	1-100 "
Ex. Cannabis Indica,	- - -	1-16 "
Ginseng,	- - -	1 "
Carb. Iron,	- - -	1 "

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood,	- - -	2 grains.
Quinine Sulph.,	- - -	1 grain.
Sesqui Oxide Iron,	- - -	1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

HÆMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

Dose.—Two to four.

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.
Lacto-Phosphate Lime, 1 gr.
Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.
Quinine Sulph., 1 gr.
Sesqui Oxide Iron, 1 gr.
Strychnine, 1-75 gr.

Dose.—One to three.
\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of,	\$1 00
One pound " " " " " " " "	13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st, with the following

CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases,	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	BY PROF. E. R. PALMER.
On Public Hygiene,	BY PROF. T. S. BELL.
On Clinical Diseases of Women,	BY PROF. JOHN E. CROWE.
On Clinical Surgery,	BY PROF. D. W. YANDELL.
On Materia Medica,	BY PROF. J. W. HOLLAND.
On Surgery,	BY PROF. R. O. COWLING.
On Practice of Medicine,	BY DR. W. O. ROBERTS.
On Anatomy,	BY DR. H. A. COTTELL,
On Chemistry,	BY DR. G. H. ANDERSON.
On Obstetrics,	BY DR. W. H. LONG.
On Diseases of Children,	BY DR. R. B. GILBERT.
On Physiology,	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,
Dean of University Summer School,
263 W. Walnut St., LOUISVILLE.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHIRDEL, M.D.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quantized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Kosco, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CUMMIS, M.D., Louisville, Ky. I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHWEZE, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act so reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACRAT, M.D., Dallas, Texas.

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